

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 22071
3228
 Registrar's No. 3228

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3220 Chestnut Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3220 Chestnut Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Ethel Grubbs Mereness

3. (b) If veteran, name war No 3. (c) Social Security No. 496-09-1367

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mr. L. G. Mereness 6. (c) Age of husband or wife if alive 27 years 1883
 7. Birth date of deceased June 27 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>0</u>	<u>26</u>	hr. min.

9. Birthplace Missouri City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Cashier

11. Industry or business school board cafeteria

12. Name Judson M. Grubbs

13. Birthplace Fredricksburg, Va.
(City, town, or county) (State or foreign country)

14. Maiden name Belle Ahen

15. Birthplace Camden Point, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Mosby

(b) Address 3220 Chestnut

17. (a) Mo. City, Mo. (b) Date thereof 7-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri City, Mo.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-24-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from July 9, 1938 to July 9, 1943 that I last saw him alive on July 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart.
myocarditis.
 Other conditions 9504
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature James J. Luger (M. D. or other)
 Address 410 Baymont Date signed 7/24/43

4100 Bryant Blvd
2-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Emile M. Calhoun*
Licensed Embalmer No. *3506*
P. O. Address..... *TCMO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.