

FILED SEP 28 1943

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of town)

(c) Name of hospital or institution:
5410 main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **22 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. **5410 main Street**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs Mildred J. Grant**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **15th**
year **1943** hour **2:12** minute **P.** M.

21. I hereby certify that **attended** the deceased from _____ 19____
at _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex **Female**

5. Color or race **wh**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Nathaniel Grant Sr.**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **January 8, 1895**
(Month) (Day) (Year)

Immediate cause of death **Circumstances of this illness**
Permanent Circumstances

Due to _____

Due to **486**

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **48** Months **8** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Major findings: _____

Of operations _____

Of autopsy **Repeat history**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Sam W. Talbott**

13. Birthplace **Kentucky**
(City, town or county) (State or foreign country)

14. Maiden name **Martha Minn**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

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 **[Signature]** (M.D. or other) _____
Address **[Address]** Date signed **[Date]**

16. (a) Informant **Nathaniel Grant Sr.**

(b) Address **5410 main, K.C. Mo.**

17. (a) **Cremation** (b) Date thereof **9-15-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cem**

18. (a) Signature of funeral director **[Signature]**

(b) Address **3235 Gillham Plaza K.C. Mo.**

19. (a) **9-17-43** (b) **J.E. Brown, Sep.**
(Date received local registrar) (Registrar's signature)

Dr. Carl Bunt ^{Dr. 0000}
Dr. R. C. Ragan

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.....

Licensed Embalmer No.....

P. O. Address.....

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.