

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED DEC 22 1943**  
 STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH: **Jackson,**  
 (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:  
**815 Benton, /**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **no.** (Specify whether  
 In this community **40 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. **815 Benton,**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country **x**

3. (a) PRINT FULL NAME **Miss Emma D. Grubbs,**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **x** 6. (c) Age of husband or wife if alive **x** years

7. Birth date of deceased **May 10 1882**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>61</b>	<b>6</b>	<b>17</b>	hr. _____ min.

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

10. Usual occupation **at home,**

11. Industry or business **x**

12. Name **John W. Grubbs,**

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

14. Maiden name **Mary J. Duncan**

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

16. (a) Informant **Mrs. Minerva Kenmuir,**

(b) Address **1102 Benton, Kansas City, Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **11-27-43**  
 (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph, Missouri,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **11-27-43** (Date received local registrar) (b) **D. C. Brown** (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **27th**  
 year **1943** hour **3:15** minute **a.** M.

21. I hereby certify that I attended the deceased from **Aug 13** 19**43** to **Nov 27** 19**43**  
 that I last saw her alive on **Nov 27** 19**43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
**Pulmonary T. B.**

Due to \_\_\_\_\_  
 Due to **138**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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 **D. C. Brown** (M. D. or other) **MD**  
 Address **925 1/2 E. 13th St. Bk** Date signed **11/27/43**

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

MOTHER, FATHER

Dr. Nigro

*Angela Bids*  
*11 A.M.*

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**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

*John H. Hurley*

Licensed Embalmer No.

*4050*

P. O. Address

*Kansas City Mo*

**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.**