

FILED FEB 28 1944

State File No. 56192

Registration District No. 174

Primary Registration District No. 1002

Registrar's No. 56192

1. PLACE OF DEATH: Jackson  
(a) County: Kansas City  
(b) City or town: Kansas City  
(c) Name of hospital or institution: Gen Hosp. # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 40 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Jackson 48  
(a) State: Missouri (b) County: Jackson  
(c) City or town: Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 1111 E. 25th St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME: Grigsby Anna

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: JANUARY 5  
Year: 1944 Day: 9 hour: 25 minute: A.M.

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

21. I hereby certify that I attended the deceased from Dec 25 or 1943 to Jan 5 1944.  
that I last saw him alive on Jan 5 1944 and that death occurred on the date and hour stated above.

4. Sex: F  
5. Color or race: W  
6. (a) Single, widowed, married, divorced, widowed

Immediate cause of death: Diabetes - Coronary Heart Disease  
Duration

6. (b) Name of husband or wife: unknown  
6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: APRIL 18 1875  
(Month) (Day) (Year)

8. AGE: Years: 68 Months: 8 Days: 17  
If less than one day hr. min.

9. Birthplace: Havana (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Home wife

11. Industry or business:

12. Name: Henry Blessman

13. Birthplace: unknown (City, town, or county) (State or foreign country)

14. Maiden name: unknown

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

16. (a) Informant: Kathryn Davis

(b) Address: 1111 E 25th St

17. (a) Burial, cremation, or removal: Burial  
(b) Date thereof: 1-7-44  
(Month) (Day) (Year)

(c) Place: burial or cremation: Grindis Cem. - Kc Mo

Due to:

Due to:

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

Major findings: Of operations:

Of autopsy: yes

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?

23. Signature: H. E. Warner (M. D. or other)  
Address: 23rd + McCoy Date signed

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

5697

**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

*O. H. Beckwith*

Licensed Embalmer No.

*3987*

P. O. Address

*1416 Main Ave*

**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.**