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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. T 20838

FILED JUN 22 1944

Registration District No. [illegible]9 Primary Registration District No. 1002 Registrar's No. 2409

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: Washington Hotel (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. Washington Hotel (If on farm, give location) 8

1201 Washington.

(e) Citizen of foreign country? (Yes or No) N

If yes, name country

3. (a) PRINT FULL NAME PHILIP JOSEPH GROWNEY

3. (b) If veteran, name war Yes-World War 1 3. (c) Social Security No. 500-22-5052

4. Sex Male 0 5. Color or race White 2 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mamie Growney 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 25 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	3	10	hr. min.

9. Birthplace Conception, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Garage Attendant

11. Industry or business Yellow Cab Co.

FATHER 12. Name John D. Growney

13. Birthplace Conception Missouri 0 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Elizabeth Farnam

15. Birthplace St. Joseph, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Growney

(b) Address Conception, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation Conception, Missouri

18. (a) Signature of funeral director Quirk and Dolan Co.

(b) Address 20 W. Linwood Blvd.

19. (a) 6-6-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1944 hour 10: minute 30 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death Coronary Sclerosis — Duration

Due to Hypertrophy of Heart 2

Due to 95 C.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See Above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Gilder (M. D. or other) M.D.

Address 2 W. Coy Date signed 6/5/44

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1944

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 Charles M Zurk

Licensed Embalmer No. 3774

P. O. Address Kansas City, Mo

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

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