

FILED SEP 7 1944

State File No.

3469

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 K. C. General Hospital No. 1 O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days (Specify whether  
In this community 50 YEARS years, months or days)

3. (a) PRINT FULL NAME Stella Granger

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. CHAUNCEY E. GRANGER 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased DECEMBER - 10 - 1882  
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name UNKNOWN  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Ma C. E. Granger  
(b) Address 314 WEST 9TH STREET  
17. (a) BURIAL (b) Date thereof AUG-25-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. WASHINGTON CEM.

18. (a) Signature of funeral director D. H. Newcomer's son  
(b) Address 1401 BRUSH GREEN BLVD.  
19. (a) 8-24-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 314 W. 9 St.  
(If rural, give location)  
(e) Citizen of foreign country? UNINDIANAL (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23  
year 1944 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 16, 1944, to August 23, 1944, that I last saw her alive on August 23, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Auricular fibrillations  
Multiple pulmonary infarctions

Due to  
Due to  
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?

While at work? (Specify type of place)  
(c) Means of injury  
23. Signature A. E. Walker (M. D. or other)  
Address Med. Dir. Gen'l Hosp. Date signed 8-25-44

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

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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 Emile W. Colborn

Licensed Embalmer No. 3506

P. O. Address K. C. 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.**