V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1944

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30132

Registrar's No. 3671

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:
Independence & Colorado Avenue's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 5612 E. 24th. St.,
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM H. GRIMM

3. (b) If veteran, name war

3. (c) Social Security No. 487-16-5472

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife unk

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

7. Birth date of deceased June (Month) 1 (Day) 1919 (Year)

8. AGE: Years 25 | Months 3 | Days 6 | If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name William L. Grimm
13. Birthplace Charleton (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Ruth Martin
15. Birthplace Muscotah (City, town, or county) Kansas 1 (State or foreign country)

16. (a) Informant: William L. Grimm
(b) Address 5612 E. 24th. St., K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Missouri.

19. (a) 9-11-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7
year 1944 hour 12:10 minute A M.

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

	Duration
Immediate cause of death: Gunshot wounds of the Chest.	
Due to: Hemoperiodium - Right hemothorax	
Due to: Trauma by fuscine	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 16	
Of autopsy Seafoam	

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) Homicide
(b) Date of occurrence 8/7/44
(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury Shot by Police officers

23. Signature O. Tetch (M. D. or other)
Address Kansas 3 Date signed 9/8/44

(Licensed Embalmer's Statement on Reverse Side)

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 George C. Barron

Licensed Embalmer No. 2349

P. O. Address Independence 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.