V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33162

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4008

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: Gen. Hosp. #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-27-44-10-3-44 (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 314 W. 53rd St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME OSCAR GREAR
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced 2 Widow
6. (b) Name of husband or wife unk.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 21 (Month) 1866 (Day) (Year)

8. AGE: Years 77 ~~78~~ Months 0 11 Days 1 ~~2~~ If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Ala. (State or foreign country)
10. Usual occupation Unemployed (Minister
11. Industry or business
FATHER
12. Name Armstead Grear
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant Record Clerk
(b) Address Genera. Hospital No.2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director West Appleton Jones
(b) Address 1905 Vine St
19. (a) 10-6-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1944 hour 12:25 minute P. M.
21. I hereby certify that I attended the deceased from Sept. 27, 1944, to Oct. 3, 1944;
that I last saw him alive on Oct. 3, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema

Due to Sclerotic heart disease

Due to

Other conditions 93d
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature G. C. Sumner (M. D. or other)
Address Gen. Hosp. #2 600 E. 22nd Date signed 10-5-44

(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 C. F. West

Licensed Embalmer No. 2710

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.