

FILED DEC 4 1944

State File No. 4745

Registration District No. 199

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: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-DAY
In this community 30 yrs
years, months or days

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. 4945 TROOST AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MR. ROSCOE GRUBB

3. (b) If veteran, name war NO
3. (c) Social Security No. 495-03-5304

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. EFFIE GRUBB
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased MARCH 4 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 20
If less than one day hr. min.

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

10. Usual occupation OPERATOR

11. Industry or business STREET CAR CO. PUBLIC SERV. CO.

MOTHER FATHER { 12. Name FRANK GRUBB
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name SUSAN TAYLOR
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. EFFIE GRUBB
(b) Address 4945 TROOST AVENUE

17. (a) REMOVAL (b) Date thereof NOV-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BEAVER DAM, KENTUCKY

18. (a) Signature of funeral director O. W. Newcome's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-25-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 24TH 1944 hour 10 minute 15 A M.
21. I hereby certify that I attended the deceased from 11-23-44 to 11-24-44, 1944,
that I last saw him alive on Sept. 10, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arterio-sclerosis ? yrs

Other conditions (Include pregnancy within 3 months of death) 94w

Major findings: Of operations. Of autopsy. 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) (e) Means of injury _____

23. Signature F. B. Wallace (M. D. or other) _____
Address 703 bathway rd Date signed 11-24-44

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

MAR 1 1956

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 Ernie M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo.

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.