

S. No. 2
M-8-43
v. 5-17-39
I X37823

1147

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **46**

FILED JAN 17 1945
Registration District No. **149**

Primary Registration District No. **1002**

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:
4525 Fairmount Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
44 Years. / (Specify whether 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. **4525 Fairmount Avenue**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Edward Grogman**
(b) If veteran, name war **no.**
3. (c) Social Security **487-05-2950**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January**, **3rd** ^{day} **4th**
year **1945** hour **7:25** minute **P.M.**
21. I hereby certify that I attended the deceased from **September 17th** **1944** to **January 3rd**, 19 **45**
that I last saw him alive on **January 3rd**, 19 **45**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife if alive **Josephine F. Grogman**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Sept. 6, 1897**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Malacia 9 months**
Due to **Arterio Sclerosis of the Cerebral Arteries**
Due to **Arterio Sclerosis of the Cerebral Arteries (Caused by arteriosclerosis)**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **83C**
Of autopsy **none**

8. AGE: Years **67** Months **3** Days **27** If less than one day hr. min.
9. Birthplace **St. Louis Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Telegraph Operator**
11. Industry or business **K. C. Terminal Railroad**
Name **George Grogman**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Caroline Spoerl**
15. Birthplace **St. Louis Missouri** (City, town, or county) (State or foreign country)
16. (a) Informant **Miss Mary Joe Keating**
(b) Address **4525 Fairmount, K.C. Mo.**
17. (a) **Burial** (b) Date thereof **1/6/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Marys**
18. (a) Signature of funeral director **Melody-McGilley**
(b) Address **K. C. Mo.**
19. (a) **1-5-45** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

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? _____
23. Signature **W. E. Harper** (Specify type of place) (M. D. or other)
Address **1402 1/2 1st St. S. E.** Date signed **1/5/45**

WRITE PLAINLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

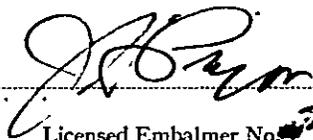
MOTHER BIRTHED BY _____
can be by _____

77-330012

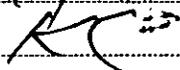
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 

P. O. Address.....


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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 1147/

State of Missouri

County of Jackson

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 46

On this 8th day of July, 1955, before me appears

Mary Joe Keating,

who, upon her oath, states that the original record of death

for William Edward Grogman died Jan. 3, 1945, in the State of Missouri, and which was filed at Kansas City, Mo. on 1-5, 1945, should be corrected as follows:

Item No. 6 b. should read Josephine M. Grogman
Josephine Flavin

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Verified by Kansas City
Missouri Marriage
license A No. 34066

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Mary Joe Keating
Daughter
Relationship

4525 Fairmount - Kansas City
Present Address. Mo.

Subscribed and sworn to before me this 8th day of July, 1955

My Commission expires August 24, 1956

Bessie W. Smith
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

