

FILED JUN 25 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2407

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wheatley Providence
(If not in hospital or institution, write street number & location)

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

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kan (b) County Wyandotte

(c) City or town Bonner Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 241 Coronado
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mal. Grant

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1945 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 2 1945 to June 5 1945

4. Sex Female 5. Color or race negro

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

6. (b) Name of husband or wife Frank Grant 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 24 1893
(Month) (Day) (Year)

that I last saw h. ee alive on June 4 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

8. AGE: Years 52 Months 2 Days 11 If less than one day hr. min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 94^a

9. Birthplace Little Rock, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Home

12. Name Nathalia Everett

13. Birthplace unknown, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Mary Randolph

15. Birthplace Cowdrey, Arkansas
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Frank Grant

(b) Address Bonner Springs Kan

17. (a) Bonner Springs (b) Date thereof June 10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonner Springs Kan

18. (a) Signature of funeral director G. Simmons F. Home

(b) Address 1404 So 37 N.C. 3, Kc

19. (a) 6-5-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

Address 1012 1/2 Date signed _____

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

18
13
8

MOTHER FATHER

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..... *H. Simonson*.....

Licensed Embalmer No..... *3903*.....

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

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.