

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20630

FILED JUN 20 1946

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 202

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence San. O.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Inter-City District (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 118 So. Willow
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1946 hour 3 minute 30 A.M.

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

Immediate cause of death: Hypertrophy of Heart
Coronary Sclerosis
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: See Above

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) _____ (Specify means of injury)
23. Signature A. E. Usher (M. D. or other) M.D.
Address 2808 Main Date June 6 1946

3. (a) PRINT FULL NAME Aaron Luther Grwin
3. (b) If veteran, name war No. 3. (c) Social Security No. 500-12-3778

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Grwin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 26 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Bates Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name W. W. Grwin

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

14. Maiden name Lucy Greene

15. Birthplace Bates Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Grwin
(b) Address 118 So. Willow

17. (a) Burial (b) Date thereof June 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westpoint Cemetery

18. (a) Signature of funeral director Wilton T. Kirby

(b) Address Independence, Mo

19. (a) June 6-1946 (b) _____
(Date received local registrar) (Registrar's signature)

504 (Licensed Embalmer's Statement on Reverse Side)

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

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..... *Dixon L. Kueley*.....
Licensed Embalmer No..... *4225*.....
P. O. Address..... *Indep. 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.