S. No. 2
OM—5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23877

FILED AUG 1 1946

Registration District No. 1459

Primary Registration District No. 1002

Registrar's No. 3243

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

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: Kansas City Gen. Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 15 years
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. 614½ Indep. Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Grant Winter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 29 (Day) 1873 (Year)

8. AGE: Years 73 | Months 4 | Days 25 | If less than one day hr. min.

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

10. Usual occupation Pensioner

11. Industry or business

FATHER
12. Name Charles Winter
13. Birthplace Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Briggs
15. Birthplace England (City, town, or county) (State or foreign country) 4

16. (a) Informant Record Clerk
(b) Address K.C. General Hosp. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Mo

19. (a) 7-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 24th
year 1946 hour 7 minute 45 A M.

21. I hereby certify that I attended the deceased from 7-18-46, 19 to 7-24-46, 19;
that I last saw him alive on 7-24-46, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 938	
Major findings: Of operations	
Of autopsy None	

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 Wm. W. Hart (M. D. or other) MD
Med. Dir. K.C. Gen. Hospital
Address Date signed

(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 Blaine E. Weibert

Licensed Embalmer No. 4075

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.