S. No. 2
M—9-4-41
v. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 14 1946

State File No. 32770

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1135

1. PLACE OF DEATH:

(a) County Buchanan
(b) City ~~or town~~ St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months 1 day (Specify whether years, months or days)
In this community 3 months 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 11
(c) City ~~or town~~ Kansas City 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1021 East Linwood. 7
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EPHRAM GRANT.
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife No information
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) - 6 (Day) - 1876 (Year)

8. AGE: Years 70 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Yorktown (City, town, or county) Alabama (State or foreign country) 1
10. Usual occupation Janitor
11. Industry or business Common Labor.
FATHER
12. Name unknown 6
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name unknown 1
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant George Wilson
(b) Address 508 W. 44th. Kansas City. Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.
18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Ave
19. (a) Oct. 9, 1946 (Date received local registrar) (b) A. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6 year 1946 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from 7-5-1946 to 10-5-1946 that I last saw him alive on 10-5-1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septic Peritonitis	3 weeks
Due to Perforation of chronic gastric ulcer	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Perforation of chronic gastric ulcer - Septic Peritonitis

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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 0
23. Signature J. H. Morrowan (M. D. ~~or other~~)
Address State Hospital No. 2 Date signed 10-6-46.

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(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

OCT 14 1946

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 Jerome Manbool

Licensed Embalmer No. 2994

P. O. Address 2503 Highland

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.