

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33556**
Registrar's No. **4299**

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:
3032 WABASH AVENUE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **41 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Jackson** **47**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3032 Wabash** **8**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **CORA GRIMES**
(b) If veteran, name war **No**
(c) Social Security No. **none**

4. Sex **FEMALE** 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 **July 13, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	2	27	hr. _____ min. _____

9. Birthplace **Pleasanton Kansas /**
(City, town, or county) (State or foreign country)

10. Usual occupation **school teacher**
K. C. Public Schools

11. Industry or business _____

12. Name **Andrew P. Grimes**
13. Birthplace **Illinois /**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary C. Dennis**
15. Birthplace **Indiana /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. W. Dripps**
(b) Address **4231 Chestnut**

17. (a) **removal** (b) Date thereof **10-12-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood, Mo.**

18. (a) Signature of funeral director **D. W. Newcomer**
(b) Address **1401-13 RUSH CREEK BLVD**

19. (a) **10-12-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **10TH**
year **1946** hour _____ minute **AM**
21. I hereby certify that I attended the deceased from **Aug. 7** 19**46** to **OCT. 10** 19**46**
that I last saw her alive on **OCT. 9** 19**46**
and that death occurred on the date and hour stated above.
Immediate cause of death **CARDIAC FAILURE** **28 HRS**

Due to **GENERAL DEBILITY**
HYPOTENSION
Due to **Malnutrition**
CARCINOMA OF COLON
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) Means of injury _____
23. Signature _____ (M. D. or other)
Address **1010 International Bldg** Date signed **10-16-1946**

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

MOTHER FATHER

4-8

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address. Kansas City, 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.