

FILED NOV 25 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3012

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
In this community 11 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town LaPlata  
(If outside city or town limits, write "RURAL")  
(d) Street No. 422 N. Brown  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Roy William Grear

3. (b) If veteran, name war World War I  
3. (c) Social Security No. 498-10-9469

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 17 1895  
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 16  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Cement worker - unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Edward Grear  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Pruett  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration Hospital

(b) Address Excelsior Springs, Missouri

17. (a) Removal (b) Date thereof 11-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: LaPlata, Mo.

18. (a) Signature of funeral director Virgil Hope  
Hope Funeral Home

(b) Address Excelsior Springs, Missouri

19. (a) 11/11/46 (b) Caroline Butcher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2  
year 1946 hour 9:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from October 23 1946 to November 2 1946;  
that I last saw him alive on November 2 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary chronic, far advanced, bilateral  
Duration Unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations B.B.

Of autopsy NO 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)  
(e) Means of injury \_\_\_\_\_

23. Signature R. H. Kaplan M.D. CLINICAL DIRECTOR  
Address Veterans Administration Hospital, Excelsior Springs, Mo.

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

36394

62

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-23-46

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 J. A. Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs

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.