No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1947

Registration District No. 191

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24128

Registrar's No. 3193

WRITE PLAINLY—USING 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: 3820 Benton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 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. 3820 Benton Blvd. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES W. COLEGROVE
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. 487-09-8757

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Emma Colegrove
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased June (Month) 27 (Day) 1883 (Year)

8. AGE: Years 64 Months 1 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace South Webster (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Retired
11. Industry or business Prudential Insurance Co.
FATHER
12. Name James W. Colegrove, Sr.
13. Birthplace South Webster (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Caroline Whittaker
15. Birthplace South Webster (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Emma Colegrove
(b) Address 3820 Benton, K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery
18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri
19. (a) 7-30-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1947 hour 8 Pm minute ..... M.

21. I hereby certify that I attended the deceased from June 1, 1947, to July 29, 1947, that I last saw him alive on July 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to Carcinoma of Stomach + Liver

Due to primary site in stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations see above

Of autopsy 46 b

Duration: 2 Years

PHYSICIAN — Underline the cause of 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 Carl A. Jackson (M. D. ~~or other~~)
Address 1103 Armour Blvd Date signed 7-30-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 1947

Fr. Carl Jackson
11:30 - 1:30
1103 Cannon

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 Willis H. Bennett

Licensed Embalmer No. 4438

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.