S. No. 2
M—5-43
r. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 26 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41680

Primary Registration District No. 1002

Registrar's No. 5208

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: St Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 67 days (Specify whether years, months or days)

In this community: 67 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Montgomery

(c) City or town: Caney
(If outside city or town limits, write "RURAL")

(d) Street No.: 105 no Vine St
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Mr. Charles J. Grause

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Leta

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: March (Month) 30 (Day) 1888 (Year)

8. AGE: Years 59 Months 8 Days 8 If less than one day hr. min.

9. Birthplace: Garden City (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Supt.

11. Industry or business: Connelly Oil Co

FATHER
12. Name: E. N. Grause
13. Birthplace: Emporia (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name: Almeda Carter
15. Birthplace: Emporia (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: Mrs Leta Grause
(b) Address: Caney Kans

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Caney Kansas

18. (a) Signature of funeral director: Cake Bros
(b) Address: 1416 Minn Ave.

19. (a) 12-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8 year 1947 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 2, 1947, to Dec. 8, 1947; that I last saw him alive on Dec 8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	
Due to: Hypertension	
Due to: * Essential + Atherosclerosis	
Other conditions (Include pregnancy within 3 months of death): 250	
Major findings: Of operations:	
Of autopsy: Hypertrophy + Dil of Heart	

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: C

23. Signature: P. T. Bohan (M. D. or other)

Address: Olga Mu Bldg Date signed: KC Mo

(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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kans City Kans.

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.