S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41692

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5454

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: SHEA Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months (Specify whether
In this community 7 months
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. 812 BENTON 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 9
If yes, name country

3. (a) PRINT FULL NAME LORA H. GRIMES
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 26, (Day) 1863 (Year)

8. AGE: Years 84 ~~83~~ Months 3 Days 0 If less than one day hr. min.

9. Birthplace Ross County, (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business Schoolteacher
FATHER
12. Name Henry H. Grimes
13. Birthplace Ross County, (City, town, or county) Ohio (State or foreign country) 1
MOTHER
14. Maiden name Hester Farlow
15. Birthplace (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant Mrs. W. L. Hickey
(b) Address 559 Arlington-K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/'47 (Month) (Day) (Year)
(c) Place: burial or cremation Belton, Mo.
18. (a) Signature of funeral director E. K. George & Sons
(b) Address Belton, Mo.
19. (a) 12-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1947 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 6, 1947, to 12-26, 1947;
that I last saw her alive on Nov 15, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	Several Mo
Arteriosclerotic Lenit disease	Several yrs
Due to General Arteriosclerosis	Years
Due to	
Other conditions Auricular fibrillation (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93.8

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 11
23. Signature Chas E Wickson (M. D. or other) M. D.
Address Independence Mo. Date signed 12/27/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUL 28 1945

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 Richard E. Hearne

Licensed Embalmer No. 3958

P. O. Address Belton, 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.