No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1042

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 37

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. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1 DAY (Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 8428 HIGH DRIVE
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME JOSEPH GRANT DEAN

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-9166

4. Sex MALE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, married, ~~divorced~~ MARRIED

6. (b) Name of ~~husband or wife~~ MRS. DOROTHY DEAN

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased MARCH (Month) 4 (Day) 1901 (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	39	27	hr. min.

9. Birthplace OKLAHOMA CITY (City, town, or county) OKLAHOMA (State or foreign country)

10. Usual occupation DISTRICT CREDIT MANAGER

11. Industry or business GRAYBAR ELECTRIC CO.

FATHER
12. Name WILLIAM B. DEAN
13. Birthplace (City, town, or county) TEXAS (State or foreign country)

MOTHER
14. Maiden name WINIFRED GRANT
15. Birthplace (City, town, or county) VIRGINIA (State or foreign country)

16. (a) Informant Mrs. Dorothy Dean
(b) Address 8428 High Drive

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 5 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 1-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 1 37
year 1948 hour 1 minute 40 A M.

21. I hereby certify that I attended the deceased from ....., 19....;
that I last saw him alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism & Encephalomalacia

Due to Auricular Fibrillation

Due to Substernal Toxic Thyroid Adenoma

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 3 5
Of autopsy About

Duration

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 .....

23. Signature Russell W. Kerr (M. D. or other)

Address St. Josephs Hospital Date signed 1-1-48

Jefferson City Printing Co. (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 John E. Frakking Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.