No. 2
-1/47
17-39

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8717

Registration District No. 149 | Primary Registration District No. 1001 | Registrar's No. 1022

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: 1012 Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 27 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1012 Virginia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Richard Grier
3. (b) If veteran, name war: No
3. (c) Social Security No.: 492-14-9094
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April 28, ~~1898~~ 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	10	0	hr. min.

9. Birthplace: Dallas County, Alabama (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: Hyeaner Grier
13. Birthplace: Wilcox County, Alabama (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret Pathyle
15. Birthplace: Alabama (City, town, or county) (State or foreign country)

16. (a) Informant: Janie Nicholson
(b) Address: 1315 Park Avenue
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Schell's Op. Hwy
18. (a) Signature of funeral director: Matthew Brost
(b) Address: 1229 Lydia Ave.
19. (a) 3-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28 year 1948 hour 3 minute 05 A.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw him alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure
Due to: Hypertensive Heart Disease
Due to:
Other conditions (Include pregnancy within 3 months of death): 93d
Major findings:
Of operations:
Of autopsy: No-Permit

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: J. Williams (M. D. or other) D.C.
Address: 2636 Brooklyn Date signed: 3-3-48

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

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 _____ Registered Apprentice No. _____, working under my personal supervision.

Signed L. Jerome Manlove

Licensed Embalmer No. 3944

P. O. Address 2003 Highland

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.