

S. No. 300  
DM-10-47  
Rev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16338**  
**2003**  
Registrar's No. \_\_\_\_\_

FILED MAY 22 1948  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

WRITE PLAINLY—USE 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:  
GENERAL HOSPITAL #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 days  
(Specify whether  
In this community 7 years  
years, months or days)

3. (a) PRINT FULL NAME CHARLES GRANT  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex MALE 5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife unknown  
6. (c) Age of husband or wife if alive, years 24  
7. Birth date of deceased JULY 24 1873  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 12  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace TONGANOXIE MO. KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name TOLLIVER GRANT  
13. Birthplace PLATTE CITY MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name SUSAN REYNOLDS  
15. Birthplace TACONIA MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant SON: JOSEPH GRANT  
(b) Address 1653 Myrtle Avenue

17. (a) Burial (b) Date thereof 5/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director [Signature]  
(b) Address 1219 [Address]

19. (a) 5-11-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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. 1653 Myrtle Avenue  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6  
year 1948 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 2 APRIL  
12, 1948 to MAY 6, 1948  
that I last saw him alive on MAY 6, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
1. PERFORATED DUODENAL ULCER  
2. GENERALIZED PERITONITIS  
~~3. GENERALIZED ARTERIOSCLEROSIS~~

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 178  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at [Signature] (Specify type of place)  
(c) Cause of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 600 East 22nd Street Date signed 5/7/48

**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.....

*Leonard E. Huss*

Registered Apprentice No. *224*

working under my personal supervision.

Signed.....

*E. Sterling Billa*

Licensed Embalmer No. *3178*

P. O. Address *1292 Ave*

**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.**