

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23209

FILED JUL 28 1948

Registration District No. 146Primary Registration District No. 8026Registrar's No. 195

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town INDEPENDENCE
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
10825 EAST 23RD STREET
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____
 (Specify whether
 In this community 16 YEARS
 years, months or days)

3. (a) PRINT FULL NAME MR. CHARLES LEROY GROUT3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. NONE4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife MRS. VALLIE MAE GROUT 6. (c) Age of husband or wife if alive 48 years7. Birth date of deceased APRIL 27 1896
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
52 2 1 hr. _____ min.9. Birthplace BOSWORTH MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation CLERK11. Industry or business UNITED STATES POST OFFICE12. Name WARREN E. GROUT13. Birthplace SPRINGFIELD ILLINOIS
(City, town, or county) (State or foreign country)14. Maiden name MARGARET A. COOK15. Birthplace BOSWORTH MISSOURI
(City, town, or county) (State or foreign country)16. (a) Informant Ms Vallie Mae GROUT(b) Address Independence, Missouri17. (a) BURIAL (b) Date thereof JULY 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation MC MORIAN CEMETERY18. (a) Signature of funeral director W. J. McCombs(b) Address 1401 Brush Creek Blvd, KCMO19. (a) 6-30-48 (b) Paul Beebe
(Date received local registrar) (Registrar's signature) 2, 512

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town INDEPENDENCE
 (If outside city or town limits, write "RURAL")
 (d) Street No. 10825 EAST 23RD STREET
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 28TH
year 1948 hour 4 minute 20 P.M.21. I hereby certify that I attended the deceased from JUN 9, 1946 to JUNE 28 1948that I last saw him alive on JUNE 28 1948
and that death occurred on the date and hour stated above.Immediate cause of death Metastasis of carcinoma of the breast Duration _____Due to carcinoma of the breast

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: None PHYSICIAN _____
Of operations 470Of autopsy None 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 work _____ (Specify type of place) (e) Means of injury _____

23. Signature Ruth Perry (M. D. or other) MD
Address 4800 E. 24 Date signed 6-24-48

AUG 30 1948

EMBAL - J. ...

NOV 2 1948

JUL 26 1948

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.