

No. 300  
-10-47  
5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26309

FILED SEP 4 1948

State File No. 3325

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: K. C. The Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-1-48 to 8-15-48  
(Specify whether 4 mos.)

In this community 4 mos.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town K. C. Mo 48  
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 Tracy Ave 3  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 8

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GRACE GARRETT

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1948 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 1, 1948, to Aug. 15, 1948  
that I last saw him alive on Aug. 14, 1948  
and that death occurred on the date and hour stated above.

4. Sex F 3

5. Color or race negro

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased October 19, 1908  
(Month) (Day) (Year)

Immediate cause of death pulmonary tuberculosis

Duration \_\_\_\_\_

8. AGE: Years 39 Months 40 Days 26  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Monroe City Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation maid

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

12. Name Jeff Burns

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Fuggett

15. Birthplace Monroe City Missouri  
(City, town, or county) (State or foreign country)

Major findings: 13 ft

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Record

(b) Address Removal

17. (a) Removal (b) Date thereof 8-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe City Mo

18. (a) Signature of funeral director E. Sterling, Bella

(b) Address 1212 Vine St

19. (a) 8-16-48 (b) Geroldine Holmes  
(Date received local registrar) (Registrar's signature)

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 B. E. Landis (M. D. or other) M.D.

Address K. C. The Hospital Date signed 8-15-48

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**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 *E. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address *812 1/2 W. 14th St. K.C.*

**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.**