S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29221

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 48

1. PLACE OF DEATH:

(a) County Clay Gellatin Twp.

(b) City or town R.R. 4 North Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.R. 4 North Kansas City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution At Home (Specify whether
In this community 48 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Rural 8
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 4 North Kansas City Mo.
(If rural, give location)

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

If yes, name country XXX

3. (a) PRINT FULL NAME Beart Andrew Grover

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nora Grover

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

7. Birth date of deceased July (Month) 10 (Day) 1864 (Year)

8. AGE: Years 84 Months 2 Days 22 If less than one day XX hr. XX min.

9. Birthplace New Haven (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Labor

11. Industry or business XXX

FATHER
12. Name Andrew Grover
13. Birthplace XXXX (City, town, or county) Maine (State or foreign country)

MOTHER
14. Maiden name Margret Dickson
15. Birthplace Richland (City, town, or county) Virgina (State or foreign country)

16. (a) Informant Mrs. Franclial Blanchard
(b) Address R.R. 4 North Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem. K.C.Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address North Kansas City Mo.

19. (a) Oct 4 - 1948 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from June, 1948, to Oct 2, 1948;
that I last saw him alive on 2 October, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Pneumonia	2 days
Due to Cerebral embolism	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 2025 Sunset NKC Date signed 10-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-13-48

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

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City Mo

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.