No. 2
—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 SEP 25 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29772

Registrar's No. 3733

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: 6251 WORNALL ROAD 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 6251 WORNALL ROAD 0
(If rural, give location)

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

If yes, name country — —

3. (a) PRINT FULL NAME MRS. MOLLIE BRECKENRIDGE GIVEN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, ~~married~~, ~~divorced~~ WIDOWED 2

6. (b) Name of husband or wife MR. ADAM A. GIVEN

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

7. Birth date of deceased APRIL (Month) 16 (Day) 1862 (Year)

8. AGE: Years 86 | Months 4 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace TIPTON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business AT HOME

FATHER
12. Name FRANK GRANBERRY
13. Birthplace (City, town, or county) KENTUCKY 1 (State or foreign country)

MOTHER
14. Maiden name MARGARET
15. Birthplace (City, town, or county) KENTUCKY 1 (State or foreign country)

16. (a) Informant HENRY K GIVEN

(b) Address 1109 ARMOUR BLVD

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 9-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation MT MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 11
year 1948 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from 10/19/46, 19__, to 9/11/, 1948;
that I last saw her alive on 9/11/, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Coronary occlusion. — Duration 1½ days

Due to 1. Atherosclerosis generalized.

Due to 2. Senescence.

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations — 94a

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 0

23. Signature J. Q. Chambers Jr. (M. D. or other) M.D.

Address 1103 Grand Ave K.C., Mo. Date signed 9/13/48

(Licensed Embalmer's Statement on Reverse Side)

12th Prof Bldg - Am,

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.