

Registration District No. 147

Primary Registration District No. 1002

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:
5845 E. 16th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 Yrs. (Specify whether years, months or days)
In this community 60 Yrs.

3. (a) PRINT FULL NAME George C. Grant

3. (b) If veteran, name war No 3. (c) Social Security No. 496-10-4922

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Grant 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Aug. 10 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business _____

12. Name Robert Grant 4
13. Birthplace Unknown Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Grant
(b) Address 5845 E. 16th. St.

17. (a) Burial (b) Date thereof 10/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 E. 15th. St.

19. (a) 10-14-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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") 2
(d) Street No. 5845 E. 16th. St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1948 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept 15 1948 to Oct 13 1948
that last saw him alive on Oct. 12th and that death occurred on the date and hour stated above.

Immediate cause of death Acute Atherosclerosis and Intestinal (volvulus) obstruction Duration _____
Due to Hypertension

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 122.5
Of operations _____

Of autopsy no **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 work _____ (Specify type of place) (e) Means of injury _____
23. Signature J. O. Brown (M. D. or other)
Address 4139 E. 15th Date signed 10-13-48

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

MOTHER FATHER

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.....

William H. Eary....., Registered Apprentice No. *241*
working under my personal supervision.

Signed.....

John B. Eary
Licensed Embalmer No. *2555*

P. O. Address *1407 7th*

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.