

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30418**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3715		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City "Rural" 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				d. STREET ADDRESS (If rural, give location) 7718 Sni A. Bar Cut Off				
3. NAME OF DECEASED (Type or Print) a. (First) Lorene b. (Middle) M. c. (Last) Mc Grannahan			4. DATE OF DEATH (Month) (Day) (Year) August 28, 1949					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 11, 1904		
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Aurora, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Sam Ater			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Edward J. Mc Grannahan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. E. J. Mc Grannahan			
						ADDRESS 7719 Sni-A-Bar		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) subarachnoid hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 5 hrs.	
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. arterial hypertension					10 yrs.	
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 330X						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 8-27 , 19 49 , to 8-28-49 , 19 49 , that I last saw the deceased alive on 8-28 , 19 49 , and that death occurred at 2:15A. m. , from the causes and on the date stated above.								
23a. SIGNATURE Arnold V. Arms (Degree or title)				23b. ADDRESS Plaza Med. Bldg. K. C. Mo.		23c. DATE SIGNED 8-28-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 30, 1949		24c. NAME OF CEMETERY OR CREMATORY Altoona, Kans.		24d. LOCATION (City, town, or county) (State) Altoona, Kans.		
DATE REC'D BY LOCAL REG. 8-29-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons 1331 Brush Creek				

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<p style="text-align: center;">new record 8-30-49</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)		(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-27</u> , 19 <u>49</u> , to <u>8/28/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/28</u> , 19 <u>49</u> , and that death occurred at <u>2:15 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Arnold V. Arms</u> <u>Arnold V. ARMS M.D.</u>		(Degree or title)		23b. ADDRESS <u>1024 West 24th St. - City Mo</u>	23c. DATE SIGNED <u>8/28/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)		
<u>REMOVAL</u>	<u>AUG. 30, 1949</u>	<u>ALTOONA, KAN.</u>	<u>ALTOONA, KANSAS</u>		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<u>8-29-49</u>	<u>Sheraldine Holmes</u>	<u>D. W. Newcomer's Sons 1331 Birch Creek Kansas City, Mo.</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bernard L. Horan

Licensed Embalmer No. 4550

P. O. Address P. O. No.

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.