

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30429
Registrar's No. 3750

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 town or township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Independence, Missouri	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) I0701 E 66th. R.R.#5	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. L			

3. NAME OF DECEASED (Type or Print)	a. (First) Harley	b. (Middle) C	c. (Last) Grubb	4. DATE OF DEATH (Month) (Day) (Year) 9 3 50
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 18, 1922	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Grandview, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Marion D. Grubb	13b. MOTHER'S MAIDEN NAME Josephine Owens	14. NAME OF HUSBAND OR WIFE Mrs. Lois M. Grubb
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes N.W.11	16. SOCIAL SECURITY NO. 500-12-3848	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lois M. Grubb- Independence, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poliomyelitis Bulbar type		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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 8-29 19 50 to 9-3 19 50, that I last saw the deceased alive on 9-3 19 50, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE I. Burns (Degree or title)	23b. ADDRESS 23 Cherry	23c. DATE SIGNED 9-3-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE September 4-50	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri
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DATE REC'D BY LOCAL REG. 9-4-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar K. C., Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

4400
1950
SEP 26 1950

SEP 26 1950

SEP 26 1950

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 _____

JAMES P. MCGILLEY, JR.

working under my personal supervision.

Student Embalmer No. 306

Signed James P. McGilley, Jr.
Student Embalmer

Signed Max H. Kirkendall

Licensed Embalmer No. 4632

P. O. Address K. C. Ma

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.