

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 561

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 2204 East 19th Street	

3. NAME OF DECEASED (Type or Print) a. (First) WILL b. (Middle) c. (Last) GRANT			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 3 1951		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 9 1878	9. AGE (In years last birthday) 76 72	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) OKLAHOMA	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME CLAYBORN GRANT		13b. MOTHER'S MAIDEN NAME HANNAH GRANT		14. NAME OF HUSBAND OR WIFE LAURA GRANT	
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. No		17. INFORMANT'S SIGNATURE OR NAME LAURA GRANT	
				ADDRESS 2204 East 19th Street	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far advanced pulmonary tuberculosis			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		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 type="checkbox"/> NO <input checked="" 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)		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 1-25, 1951, to 2-3, 1951 that I last saw the deceased alive on 2-3, 1951 and that death occurred at 11:00 P. M., from the causes and on the date stated above.

22a. SIGNATURE Frank Ellis		22b. ADDRESS 600 East 22nd Street		22c. DATE SIGNED 2-6-51	
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24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 2/8/51		24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
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DATE REC'D BY LOCAL REG. 2-6-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Walter Ross		ADDRESS 1739 Lydia	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAINT, 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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

J. J. [Signature]
Licensed Embalmer No. 3994

P. O. Address.....

5513 [Signature]

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.