

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8466

State File No. 1323

FILED MAR 29 1952

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 town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 74 years		d. STREET ADDRESS (If rural, give location) 3934 East 12th Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3934 EAST 12th Terrace			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) J	c. (Last) MCGRAW	4. DATE OF DEATH (Month) (Day) (Year) MAR 20 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 9 1877	9. AGE (In years last birthday) 74	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PRESSMAN	11. BIRTHPLACE (State or foreign country) KANSAS CITY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PRESSMAN	10b. KIND OF BUSINESS OR INDUSTRY K.C. STAR	11. BIRTHPLACE (State or foreign country) KANSAS CITY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME EDWARD MCGRAW	13b. MOTHER'S MAIDEN NAME EMILY FLEMING	14. NAME OF HUSBAND OR WIFE CATHERINE MCGRAW
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 486-10-4210	17. INFORMANT'S SIGNATURE OR NAME Catherine McGraw	ADDRESS 3934 East 12th Terr
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis		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) General arteriosclerosis		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) KANSAS CITY Jackson MISSOURI
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 14 1953 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 17 May, 1951, to 17 May, 1953, that I last saw the deceased alive on 17 May, 1953, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE Alexander Richter	(Degree or title) M.D.	23b. ADDRESS 1102 Grand Avenue	23c. DATE SIGNED 21 March 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 22 1952	24c. NAME OF CEMETERY OR CREMATORY ST JOHN'S CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS
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DATE REC'D-BY LOCAL REG. 3-21-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE L. Link & Robin	ADDRESS 20 W. Linwood
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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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.....
Student Embalmer

Signed *Forrest R. Goldman*.....

Licensed Embalmer No. *4714*.....

P. O. Address *K. C. Mo.*.....

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.