

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38009**  
**4776**

FILED NOV 22 1952

BIRTH NO.		REG. DIST. NO. <b>393</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>CLAY MO.</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY NORTH</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY NORTH</b>		
c. LENGTH OF STAY (in this place) <b>51 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>316 N. WALNUT</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>316 N. WALNUT</b>		d. STREET ADDRESS (If rural, give location) <b>316 N. WALNUT</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b>		b. (Middle) <b>Joseph</b>		c. (Last) <b>GRACE</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 30 1952</b>		5. SEX <b>0</b> 6. COLOR OR RACE <b>White</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JULY 5, 1879</b>		9. AGE (in years last birthday) <b>73</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NIGHT WATCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CAR Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Chillicothe, MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Richard Joseph Grace</b>		
13b. MOTHER'S MAIDEN NAME <b>Helen Gertpude DRYFUS</b>		14. NAME OF HUSBAND OR WIFE <b>MARGARET R. GRACE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-12-8076</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Richard GRACE</b> ADDRESS <b>235 Riley</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>27 Months</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malnutrition</b>		ANTECEDENT CAUSES		DUE TO (b) <b>Anterior sclerotic disease</b> Years <b>45</b>
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		
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 <b>April</b> , 19 <b>47</b> , to <b>30 Oct</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>30 Oct</b> , 19 <b>52</b> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>R. D. Dwyer</b>		23b. ADDRESS <b>North Kansas City, Mo.</b>		23c. DATE SIGNED
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11/2/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EAST SLOPE CEMETERY</b>
24d. LOCATION (City, town, or county) (State) <b>PLATTE Co. MO.</b>		DATE REC'D BY LOCAL REG. <b>11-1-52</b>		
REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D. W. NEWCOMERS NORTH KANSAS CITY</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

1248

**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

*Glenn H. Hill*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address Quindale, 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.