S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29427

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3480

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1215 East 45th Street (1st Floor West)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------- (Specify whether
In this community 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street 1215 East 45th Street Terrace
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Mr. John Hillis Grossman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Sarah Katherine Grossman

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March (Month) 7 (Day) 1872 (Year)

8. AGE: Years 70 Months 6 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Bosworth (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired 6 Years

11. Industry or business Filling Station Attendant

FATHER
12. Name Benjamin Curtis Grossman
13. Birthplace Butler County (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Jane Blakely
15. Birthplace Philadelphia (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. Sarah Katherine Grossman
(b) Address 1215 East 45th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Big Creek Cemetery Bosworth, Missouri

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 9/22/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21st year 1942 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from 6-29, 1942 to 9-17, 1942 that I last saw him alive on 9-17-, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis. Chronic nephritis.

Due to Drepsy Enterocolitis

Due to 131 B

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 723-24 Argyle Bldg. Date signed 9/21/42
K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kansas City - 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.