

FILED OCT 24 1942

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 3816

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:  
2210 Indiana /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community 22 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2210 Indiana  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Grisham

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife George Robert Grisham 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased Feb. 18 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 07 28 hr. min.

9. Birthplace La Cygne Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Steve Weech  
13. Birthplace Liverpool England  
(City, town, or county) (State or foreign country)  
14. Maiden name Liza Jane Rose  
15. Birthplace No Record Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Stockbridge

(b) Address 2210 Indiana

17. (a) ~~Burial~~ Removal Date thereof 10-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Cygne, Kansas

18. (a) Signature of funeral director State Funeral Home

(b) Address 1901 Olathe Blvd. K.C.K.

19. (a) 10-16-42 (b) M. M. Crowe  
(Date entered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16  
year 1942 hour 10 minute 50 AM.

21. I hereby certify that I attended the deceased from Oct 1/42  
to Oct 16 1942  
that I last saw her alive on Oct 16  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Due to Septic heart disease  
Due to Atherosclerosis - Septicemia  
Other conditions Ch. Byst. disease  
(Include pregnancy within 3 months of death)  
Major findings: Cerebral Dec. 2 yrs  
Of operations none  
Of autopsy none

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?

While at work?  (Specify type of place) (e) Means of injury

23. Signature D. S. Cheveron (M. D. or other)  
Address 4800 E. 24th Date signed 10/16/42

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

48  
3  
8

48  
3  
8

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Jimmy S. Huchshorn  
Licensed Embalmer No. 4092  
P. O. Address B. C. Korman

**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.**