

FILED DEC 7 1942 / 149
Registration District No.

Primary Registration District No. 1002

Registrar's No. 4303

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:
708 West 47th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 1 year
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. 708 W. 47th St. - Haven Hill Apt
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN H. GRADY

3. (b) If veteran, name war no 3. (c) Social Security No. 714-03-5132

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May S. Grady 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased November 17, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	0	1	hr. min.

9. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business Railway Express Agency

12. Name Richard Grady

13. Birthplace Iowa City Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Anna Corran

15. Birthplace Iowa City Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May S. Grady

(b) Address 708 W. 47th Street

17. (a) Removal (b) Date thereof 11/19/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation San Francisco, Calif.

18. (a) Signature of funeral director Dieter and Dobson

(b) Address 20 West Linwood

19. (a) 11-19-42 (b) M. R. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th
year 1942 hour 8: minute 05 P./M.

21. I hereby certify that I attended the deceased from July 2 1942 to Nov 18 1942
that I last saw him alive on Nov 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion - 15 min.

Due to 131B

Other condition Myocardial Hypertension
(Include pregnancy within 3 months of death)
Myocarditis

Major findings:
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) Manner of injury 0
23. Signature M. R. Browne (M. D. or other)
Address 1003 Chesapeake Date signed 11/19/42

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.