S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39712

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4823

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:
Roanoke Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two weeks (Specify whether
In this community 14 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3660 Summit
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Edward F. Grote

3. (b) If veteran, name war ------

3. (c) Social Security No. none

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife unk

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

7. Birth date of deceased September (Month) 8th (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	17	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Real estate

11. Industry or business retired.

FATHER
12. Name Don't know
13. Birthplace Don't know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Harry Simpson
(b) Address Shenandoah, Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City Mo.

19. (a) Dec. 26, 1942 (Date received local registrar) (b) Mr M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Dec. 16, 1942, to Dec. 22, 1942;
that I last saw him alive on Dec. 22, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Genl. Carcinomatosis	Few mos.
Due to Carcinoma of the Rectum	Yr. ?
Due to 46D	
Other conditions Hemorrhage (Include pregnancy within 3 months of death) Sec. anemia	Few mos.

Major findings:
Of operations
Of autopsy

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 Harold M. Roberts (M. D. or other) M.D.
Address 1103 Grand, K.C., Mo. Date signed 12-25-42

361 (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 Elmer C. Wedelin

Licensed Embalmer No. 3495

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.