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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13190

FILED MAY 5 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1738

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

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:
5545 Harrison 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 50 Years
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. 5545 Harrison Street
(If rural, give location)

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

If yes, name country ------ /

3. (a) PRINT FULL NAME Dr. Walter P. Grimes

3. (b) If veteran, name war No

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. Leota M. Grimes

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October (Month) 16 (Day) 1872 (Year)

8. AGE: Years 70 Months 5 Days ~~24~~ 23 If less than one day ..... hr. ..... min.

9. Birthplace Pleasanton (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Physician

11. Industry or business Offices - Plaza Bank Bldg.

FATHER
12. Name Andrew Grimes
13. Birthplace (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Mary C. Dennis
15. Birthplace (City, town, or county) Indiana / (State or foreign country)

16. (a) Informant Mrs. Leota M. Grimes

(b) Address 5545 Harrison Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-12-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1943 hour 7 minute 56 A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion

Due to Diabetes mellitus

Due to 61

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

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 A. E. Assher (M. D. or other) M. D.

Address 23rd McCoy Date signed 4/9/43

(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 15 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.