

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4689**

FILED NOV 19 1943

Registration District No. 119

Primary Registration District No. 1002

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:
916 West 42nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days) 6.5 yrs

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. 916 West 42nd Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD WILLIAM GRACE

3. (b) If veteran, name war No 3. (c) Social Security No. 702-07-9016

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased February 15th, 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation Engineer retired

11. Industry or business Frisco R. R.

12. Name Michael Patrick Grace

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

14. Maiden name Ellen O'Neil

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

16. (a) Informant Mrs. Nellie Grace

(b) Address 916 West 42nd Street

17. (a) Burial (Burial, cremation, or removal) St. Mary's Cemetery (b) Date thereof 11/6/1943
(Month) (Day) (Year)

18. (a) Signature of funeral director D. E. Brown

(b) Address 20 W. Linwood, K.C., Mo.

19. (a) 11-5-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd year 1943 hour 10: minute 55 P.-M.

I hereby certify that I attended the deceased from July 17 1943 to Nov 3 1943 that I last saw him alive on Nov 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 6 mo

Due to arteriosclerosis 48

Other conditions (Include pregnancy within 3 months of death) 952

Major findings: Of operations _____

Of autopsy _____

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 Edward J. ... (M. D. or dentist) 11/5/43

Address 870 prof-13281 Date signed _____

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..... *Harlow Roe*

Licensed Embalmer No..... *2810*

P. O. Address..... *W. E. 2nd*

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.