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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JAN 21 1946 STANDARD CERTIFICATE OF DEATH

1398

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 29

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:
1224 West 72nd. Street Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 40 Years

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. 1224 West 72nd. Terrace
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Alastair B. Grant

3. (b) If veteran, name war World War 1

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd,
year 1946 hour 7:30 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ida M. Grant

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased December 25th 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1, 1945 to Jan 3, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 46-47 Months 0 Days 8 If less than one day hr. min.

Immediate cause of death Terminal right sided heart failure Duration 1 day

Due to Generalized carcinoma of the stomach (in M.O.)

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Industrial Sales Manager

11. Industry or business Burlington Mfg. Co.

Other conditions (Include pregnancy within 3 months of death) 552

MOTHER, FATHER { 12. Name John L. Grant

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

14. Maiden name Jeanie Elmslie

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

Major findings: Of operations.....

Of autopsy Generalized carcinoma of the stomach

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ida M. Grant

(b) Address 1224 West 72nd Terrace

17. (a) Burial (b) Date thereof 1 / 5 / 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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?.....

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 1-4-46 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) [Signature]

Address [Address] Date signed 1-3-46

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

989

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.