DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5643

FILED MAR 13 1946

Registration District No. _____ Primary Registration District No. 1602 Registrar's No. 1034

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: Banks of Troost Lake. Kansas City Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether 3 / 8 / 0)
In this community: 31 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City, (If outside city or town limits, write "RURAL") 3
(d) Street No.: 2447 Troost Ave (If rural, give location) 8 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Harold William GRUNDEN
3. (b) If veteran, name war: No
3. (c) Social Security No.: 487-26-1107
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Carrie Grunden
6. (c) Age of husband or wife if alive: 29 years
7. Birth date of deceased: February 7, 1915 (Month) (Day) (Year)

8. AGE: Years 31 | Months 0 | Days 20 | If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Inspector
11. Industry or business: Sheffield Steel Corp.

MOTHER FATHER
12. Name: Harry Grunden
13. Birthplace: Kansas City (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name: Elizabeth Bressin
15. Birthplace: Kansas City, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Mrs. Carrie Grunden
(b) Address: 2447 Troost, Ave, K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Marys Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eyler
(b) Address: 1800 Linwood Blvd. K.C. Mo.
19. (a) 3-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 th year 1946 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 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: Deputy Coroner — Acute intoxication due — Duration
Due to: to poison —
Due to: type unknown
Other conditions (Include pregnancy within 3 months of death): 16 39 v
Major findings: Of operations: _____
Of autopsy: See above

PHYSICIAN
Under the rules to which I am designated or qualified, I certify that I have given the information requested.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (Specify): Suicide
(b) Date of occurrence: 2/27/46
(c) Where did injury occur? Kansas City (City or town) Mo (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: No (c) Means of injury: Poison
23. Signature: A. E. Upner (M. D. or Coroner)
Address: 2809 Main Date signed: 3/1/46

(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 Russell M Fra

Licensed Embalmer No. 4255

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. ____

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1034

SUPPLEMENTARY

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: Bank of Proof Lake (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) In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State ____ (b) County ____

(c) City or town ____ (If outside city or town limits write "RURAL")

(d) Street No. ____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Harold William Grunden

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

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

6. (b) Name of husband or wife ____ 6. (c) Age of husband, or wife, if alive ____ years

7. Birth date of deceased ____ (Month) (Day) (Year)

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

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

10. Usual occupation ____

11. Industry or business ____

FATHER 12. Name ____ 13. Birthplace ____ (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name ____ 15. Birthplace ____ (City, town, or county) (State or foreign country)

16. (a) Informant ____ (b) Address ____

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

(c) Place: burial or cremation ____

18. (a) Signature of funeral director ____ (b) Address ____

19. (a) 3-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1946 hour 10 minute 30 P. M.

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

Immediate cause of death: acute intoxication due to poison — Duration

Due to ____

Due to carbolic acid

Other conditions (Include pregnancy within 3 months of death) 1603 P.2

Major findings: Of operations ____

Of autopsy see above

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) suicide

(b) Date of occurrence 2-27-46

(c) Where did injury occur? K. C. (City or town) Jackson (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? no (e) Means of injury poison

23. Signature A. E. Upsher (M. D. or other)

Address 2800 Main Date signed 3-1-46

5643