

No. 2  
-5-43  
5-17-39  
X36671

FILED FEB 7 1948

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. ....

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:  
General Hospital #1 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 days  
(Specify whether  
 In this community... unknown  
years, months or days)

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. 2920 Baltimore  
(If rural, give location)  
 (e) Citizen of foreign country? unknown (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME JOHN GRANNWAY

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

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

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

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

8. AGE: Years 88 Months Days If less than one day  
 hr. min.

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

10. Usual occupation Unknown 1

11. Industry or business

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Hospital Records

(b) Address  
 17. (a) Burial (b) Date thereof Jan 26 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Mo

18. (a) Signature of funeral director Primm Funeral Home  
 (b) Address Humansville Mo.

19. (a) 1-25-48 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24  
 year 1948 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1  
11, 1948, to 1-24, 1948;  
 that I last saw him alive on 1-24, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Terminal broncho pneumonia  
Cerebral vascular accident

Due to.....

Due to.....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy None

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 Wm W. Hart (M. D. or other) MD  
 Address Med. Dir. Gen'l Hosp. Date signed 1-24-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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..... *Clark Heger* .....

Licensed Embalmer No. *3983* .....

P. O. Address *Raytown 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.**