No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 3 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1209

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 325

WRITE PLAINLY—USING 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: Colonial Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks (Specify whether
In this community 7 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1912 East 80th 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William O. McGrew
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed 5
6. (b) Name of husband or wife Olive McGrew
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 19 1848 (Month) (Day) (Year)

8. AGE: Years 99 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Jackson County Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer Ret 35 yrs
11. Industry or business
FATHER
12. Name Oliver P. McGrew
13. Birthplace No Record 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Snodgrass
15. Birthplace Virginia 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mr William McGrew
(b) Address 1912 East 80th
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 23 48 (Month) (Day) (Year)
(c) Place: burial or cremation Rambrandt Iowa
18. (a) Signature of funeral director Harlan Roe
(b) Address 7406 Wornall Rd
19. (a) 1-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1948 hour 10 minute 07 PM M.

21. I hereby certify that I attended the deceased from Jan. 3 — 1948 to Jan. 21 1948
that I last saw him alive on Jan. 21 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute cardiac failure	10 hrs
Due to: arteriosclerosis arteriosclerotic heart disease	20+ yrs
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 d
Of autopsy

PHYSICIAN
Underline the cause of 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) 2
While at work? (e) Means of injury

23. Signature Donald R. Collins (M. D. or other) M. D.
Address 8210 W Woodland Date signed Jan. 23-48

Jefferson City Printing Co. (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 [signature]

Licensed Embalmer No. 2610

P. O. Address K. 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.