

FILED JUL 19 1948  
149

Registration District No. ....

Primary Registration District No. **1002**

Registrar's No. **2771**

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:  
**Research Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days** (Specify whether  
in this community **5 days** years, months or days)

3: (a) PRINT FULL NAME **Ernest H. Grover**

3: (b) If veteran, name war **no** 3: (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Elsie M. Grover** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **October 10, 1873**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>8</b>	<b>22</b>	hr. min.

9. Birthplace **Washington County Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**  
**self**

11. Industry or business

12. Name **Almon Grover**

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

14. Maiden name **Isabelle**

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

16. (a) Informant **Mrs. Elsie M. Grover**

(b) Address **Menlo, Kans.**

17. (a) **removal** (b) Date thereof **7-3-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Colby, Kans.**

18. (a) Signature of funeral director **Gates Funeral Home**

(b) Address **Kansas City, Kans.**

19. (a) **7-5-48** (b) **Sheldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **999**  
(c) City or town **Menlo** (If outside city or town limits, write "RURAL") **6**  
(d) Street No. **RFD** (If rural, give location) **2**  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2**  
year **1948** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 28**, 19 **48** to **July 2**, 19 **48**

that I last saw **him** alive on **July 2**, 19 **48**, and that death occurred on the date and hour stated above.

Immediate cause of death **ventricular fibrillation** Duration **15 min.**

Due to **carcinoma of cecum** about **3 mo.**  
**producing intestinal obstruction**

Due to **metastatic carcinoma liver & abdominal nodes**

Other conditions **coronary sclerosis**  
(Include pregnancy within 3 months of death)

Major findings: **above** PHYSICIAN **46**

Of operations **same** 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) \_\_\_\_\_

(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 **6**

23. Signature **William T. Sanders** (M. D. or other)

Address **220 Persimmon St. B204** Date signed **7/3/48**

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

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 \_\_\_\_\_

*Jimmy S. Kuchak*

Licensed Embalmer No. 4092

P. O. Address Union Hill

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.