

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8388

State File No. ....

BIRTH NO. 49-014731 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 739

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>WIFE</u>		d. STREET ADDRESS (If rural, give location) <u>703 E. 14<sup>th</sup> ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAN Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>INFANT BOY GRANT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 16 49</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>2-16-49</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>Mr Alva C. Grant</u>		13b. MOTHER'S MAIDEN NAME <u>DAISY STANLEY</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALVA GRANT</u>		ADDRESS <u>703 E. 14<sup>th</sup> St</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>6 months fetus</u> DUE TO (c) <u>770K</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? - YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 2-16, 1949, to 2-16 1949, that I last saw the deceased alive on 2-16, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bela K. Kent, U.S.D. 1</u> (Degree or title)		23b. ADDRESS <u>1010 Profess. Bldg</u>		23c. DATE SIGNED <u>2-17-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>2-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ADKINS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARROLLTON Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-17-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Skel</u>		ADDRESS <u>R.C. Skel</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

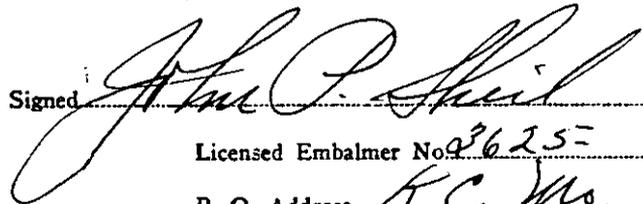
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Signed



Signed.....  
Student Embalmer

Licensed Embalmer No. 2625-

P. O. Address. A.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.