

FILED MAR 6 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 4849  
611

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH-OF STAY (In this place) township <b>30 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1725 W. 29th. St.</b>				d. STREET ADDRESS (If rural, give location) <b>1725 W. 29th St. 3428</b>					
3. NAME OF DECEASED (Type or Print) <b>CORINE</b>			a. (First)		b. (Middle)		c. (Last) <b>GRANT</b>		
4. DATE OF DEATH <b>Feb. 4, 1950</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>7-7-1897</b>		9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months Days	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Col.</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Kansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Scott Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Allen</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Stewart</b>		ADDRESS <b>K.C.KANS.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Cervix Uteri</b>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Secondary Hemorrhage</b>							
		DUE TO (c)							
		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 <b>ITX</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>8-2-49</b> , to <b>2-4-1950</b> , that I last saw the deceased alive on <b>2-7-50</b> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>C. W. Alexander M.D.</b>				23b. ADDRESS <b>1512 N. S. St.</b>		23c. DATE SIGNED <b>2-9-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-9-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Ks.</b>			
DATE REC'D BY LOCAL REG. <b>2-9-50</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		HEALTH DEPARTMENT DIRECTOR'S SIGNATURE <b>William H. McArthur</b>		ADDRESS <b>K.C.K.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....

Student Embalmer

Signed

*Nathan Whittaker*

Licensed Embalmer No. *2700*

P. O. Address, *11 B. Ave.*

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.