

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23064**  
**3094**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>NORTH KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>23 Yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>North Kansas City 0249 011</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>42nd Blvd. Rd.</b>			d. STREET ADDRESS (If rural, give location) <b>0 11. 42nd and Blvd. Rd.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edith</b>		b. (Middle) <b>Marjorie</b>		c. (Last) <b>Gravatt</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 14 50</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 10, 1894</b>		9. AGE (in years last birthday) <b>55</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Goddard, Kansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Benjamin L. Gravatt</b>		13b. MOTHER'S MAIDEN NAME <b>Inez V. Clark</b>	
14. NAME OF HUSBAND OR WIFE <b>Earl Gravatt</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Leola Ward</b>		ADDRESS <b>333 Baltimore K. C. Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiogenic Decompenation</i></b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b><i>Chronic Valvular Heart Disease</i></b> Years <b><i>Years</i></b>		INTERVAL BETWEEN ONSES AND DEATH <b><i>5 months</i></b>	
DUE TO (c) <b><i>Chronic Generalized Nephritis</i></b> Years <b><i>Years</i></b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		592X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min)		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>Oct 1949</b> to <b>Jul 14, 1950</b> , that I last saw the deceased alive on <b>July 14, 1950</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>H. D. Dwyer</b>		23b. ADDRESS <b>1988 North Kansas City, Mo.</b>		23c. DATE SIGNED <b>7/15/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-17-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>		DATE REC'D BY LOCAL REG. <b>7-17-50</b>		REGISTRAR'S SIGNATURE <b>Steraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Newcomer's Sons</b>		ADDRESS <b>North Kansas City</b>			

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

0248

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Glenn H. Hill*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address Box 47 Wondak

**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.