

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15894

State File No. 1847

FILED MAY 17 1954

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) <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>41 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MENORAH HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>70 4220 GENESEE 3708</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLEN</b> b. (Middle) <b>C.</b> c. (Last) <b>GRANSTROM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 21 1954</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	8. DATE OF BIRTH <b>JAN. 12, 1893</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 <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>NOTTJA, SWEDEN 4</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>JOHN ANDERSON</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>GUS A. GRANSTROM</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 AND ADDRESS <b>GUS A. GRANSTROM, 4220 GENESEE ST. KANSAS CITY, MO.</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>Death by Hanging</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) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>8974 X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>Hospital</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4:21 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Self-inflicted</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>Health Officer</b>	23b. ADDRESS <b>1134 Piute Bldg.</b>	23c. DATE SIGNED <b>4-21-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>APRIL 23, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Bessie A. Newcomer, 1301 BRUSH CREEK, KANSAS CITY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>4-24-54</b>	REGISTRAR'S SIGNATURE <b>Beraldine Smith</b>	

WRITE PLAINLY—USING UNFADEING 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.....  
Signature of Student Embalmer

Signed..... *John B. Lewis* .....

Licensed Embalmer No. *487*.....

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.