

FILED NOV 23 1954

STANDARD CERTIFICATE OF DEATH

37390

State File No.

BIRTH NO. 6589 43347-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5080

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>		
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN <u>Fairway</u>		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 <u>Menorah Medical Center</u>			STREET ADDRESS (If rural, give location) <u>4944 Fairway #153</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lura</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Grant</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 2 54</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 8, 1954</u>	9. AGE (In years last birthday) <u>4 24</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Fred W. Grant</u>		13b. MOTHER'S MAIDEN NAME <u>Winifred Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred Grant</u>		ADDRESS <u>4944 Fairway</u>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 mo</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus, severe, congenital</u>	ANTECEDENT CAUSES				DUE TO (b) _____
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				<u>752K</u>
19a. DATE OF OPERATION <u>Nov. 2, 54</u>	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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 <u>10/25/1954</u> to <u>11/2/1954</u> that I last saw the deceased alive on <u>11/2/1954</u> , and that death occurred at <u>5:30P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>William G. Orr, M.D.</u> (Degree or title)			23b. ADDRESS <u>701 E. 63rd St. K.C. Mo</u>		23c. DATE SIGNED <u>11/2/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Sem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Ms.</u>		
DATE REC'D BY LOCAL REG. <u>11-3-54</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. F. Porter & Sons</u>		ADDRESS <u>K.C. Ms.</u>

(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.....
Signature of Student Embalmer

Signed..... *Howard L. Porter*

Licensed Embalmer No. *375*

P. O. Address *1927 1/2 Mi.
Kansas City*

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.