

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28118
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002 Registered No. 3429
 (c) City Kansas City (d) Street No. 1204 No. Waldron St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Minnie Grundman 105
 (a) Residence, No. 1204 No. Waldron St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry E. Grundman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23, 1858</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>3</u>
	DAYS <u>7</u>	IF LESS THAN 1 DAY,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation <u>7</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
FATHER	13. NAME <u>Chris Runger</u>	<u>7</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	<u>7</u>
MOTHER	15. MAIDEN NAME <u>Amelia Pabst</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
17. INFORMANT <u>Henry Grundman</u> (ADDRESS) <u>1204 No. Waldron</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. Washington</u> DATE <u>Sept. 2, 38</u>		
19. FUNERAL DIRECTOR (NAME) <u>D. H. Newcomer</u> (ADDRESS) <u>Brushcreek & Paseo</u>		
20. FILED <u>Aug 31, 1938</u> <u>M. M. Browne</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-38 19

22. I HEREBY CERTIFY, That I attended deceased from

....., 19.....

I last saw him alive on Sept 19 Death is saidto have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Chronic fibrous myocarditis
Pulmonary edema

Date of onset

Other contributory causes of importance: 930

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify.....

(Signed) W. H. Miller, M. D.(Address) San Diego, N. C. No

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____ *Neil Carr*

Licensed Embalmer No. *3976*

P. O. Address _____

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, above space should be left blank.