

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **27642**
3276

FILED SEP 5 1940
1939

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3515 Wyandotte** **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX**
(Specify whether
In this community **18 years**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Otilla T. Gramps** **651**

3. (b) If veteran, name war **XX** 3. (c) Social Security No. **XX**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **Leroy H. Gramps** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **October 14 1887**
(Month) (Day) (Year)

8. AGE: Years **52** Months **10** Days **3** If less than one day hr. min.

9. Birthplace **Sturgeon Bay Wis.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **George A. Ullsperger**
13. Birthplace **Austria** **7**
(State or foreign country)

14. Maiden name **Barbara Hunsader**
15. Birthplace **Wisconsin**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leroy H. Gramps**
(b) Address **3515 Wyandotte**

17. (a) **Removal** (b) Date thereof **Aug. 19-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Minneapolis, Minn.**

18. (a) Signature of funeral director **J.M. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) **Aug. 19, 1940** (b) **M. M. Craue**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri** (b) County **Jackson**
Kansas City
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3515 Wyandotte**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17th**
year **1940** hour **9** minute **15 P. M.**

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Acute coronary occlusion
Hemorrhage into an aneurysm
abcess in left vent. coronary

Other conditions (Include pregnancy within 3 months of death) **196**

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **J. M. Wagner** (M. D. or other) **5**
Address **K.C. Mo** Date signed _____

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

MOTHER FATHER

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.....

Cecil R. Matthes

Licensed Embalmer No.

3807

P. O. Address.....

K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.