

NOV 17 1940

Primary Registration District No. 1002

Registrar's No. 3874

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

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: Wesley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)

In this community Life

3. (a) PRINT FULL NAME Mrs. Mae Robinson Grace

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Monta Grace

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 12 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	7	23	hr. _____ min.

9. Birthplace Butler Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name David Gordon

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Newman

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Monna Brown

(b) Address 3263 Warwick Blvd.

17. (a) Burial (b) Date thereof Oct. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director M. M. Brown

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-7-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3263 Warwick Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th
year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1940 to Oct 5, 1940
that I last saw her alive on Oct 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cholelithiasis

Due to cholelithiasis

Due to Cholelithiasis

Other conditions 126
(Include pregnancy within 3 months of death)

Major findings: Open Sept 2 / 1940

Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place) (e) Means of injury !

23. Signature Dr. J. Mackey (M. D. or other)
Address Professional Bldg Date signed 10-5-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

5330 Professional Seal
12.3.30

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 A.C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address A.C. 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 this body is not embalmed, fact should be so stated above.