

2
3-40
7-39
K23159

Registration District No. **85**

Primary Registration District No. **5127**

Registrar's No. **1227**

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.R. #1 Gene Field Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 61 years
years, months or days

3. (a) PRINT FULL NAME EMMA MARY GRADERT

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 John W. Gradert 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 7 th. 1877
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>63</u> | <u>5</u> | <u>15</u> | hr. _____ min. |

9. Birthplace Marshalltown Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Fred Hartig

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

14. Maiden name Catherine Miller

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

16. (a) Informant John W. Gradert

(b) Address R.R. #1 St. Joseph, Mo.

17. (a) BURIAL (b) Date thereof 11-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) 11/25/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

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

(d) Street No. R.R. #1 GeneField Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd.
year 1940 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 7-26, 1940, to 11-22, 1940; that I last saw her alive on 11-20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Vascular

Due to Pericarditis - Pericardial effusion - Myocardial infarction of anterior wall of left ventricle

Due to Lower Abdomen

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

Major findings: Of operations X

Of autopsy no

| Duration |
|--------------------|
| <u>3 Mths</u> |
| PHYSICIAN |
| <u>[Signature]</u> |

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

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85

While at work X (Specify type of place) (e) Means of injury X

23. Signature [Signature] (M. D. or other) 1
Address St. Joseph, Mo. Date signed 11-23-40

WRITE PLAINLY—USE 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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Geo E Daniel

Licensed Embalmer No.

3300

P. O. Address.....

St Joseph W

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.