

No. 2
-10-30
17-35
X2157

JAN 8 1941
Registration District No. **899**

Primary Registration District No. **1002**

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:
2001 East 34th St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **35 years**
years, months or days

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. **2001 East 34th St.,**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **27th**
year **1940** hour **9** minute **10** P. M.

21. I hereby certify that I attended the deceased from **12/1 - 1940** to **12/27 - 1940**
that I last saw her alive on **12/21 - 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Interstitial nephritis
chronic

Due to _____
Due to **chronic myo carditis**

Other conditions:
(Include pregnancy within 3 months of death) **121**

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **D. R. Russell** (M. D. or other) _____
Address **3011 - Judys Ave** Date signed _____

3. (a) PRINT FULL NAME **Mrs. Kathryn Grimm,**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife **Ray Grimm** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept - 21 - 1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **3** Days **6 - 3** If less than one day hr. _____ min.

9. Birthplace **Missouri,** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **Housewife** 1

11. Industry or business _____

MOTHER FATHER { 12. Name **Joseph Logue** 1
13. Birthplace **Ohio** (City, town, or county) (State or foreign country)
14. Maiden name **Sophagena Kuisel** (City, town, or county) (State or foreign country)
15. Birthplace **Ohio** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Charles Seabaugh,**
(b) Address **7620 East Gregory, K. C., Mo.**

17. (a) **Removal,** (b) Date thereof **12-31-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Adrian, Mo.**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **12-30-40** (b) **M. M. Gromer**
(Date received local registrar) (Registrar's signature)

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

D. B. Russell
3011, a Independence Ave.
Be 4263 2. P. M.

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 E. M. Plank

Licensed Embalmer No. 1847

P. O. Address Kansas City 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, above space should be left blank.