

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City MO.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: ST Marys Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)  
 In this community in K C K. 52 Yrs.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Kansas (b) County Wyandotte  
 (c) City or town Kansas City Ks.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3110 Strong Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.: 53 Yrs. years.

3. (a) PRINT FULL NAME Miss Anna Graunke  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex Fe 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec 11 1883  
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 29 If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

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

10. Usual occupation Housekeeper

11. Industry or business at home

MOTHER FATHER  
 12. Name William Graunke  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Wilhelma Froeming  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. A. G...

(b) Address 3110 Strong St. C 75

17. (a) Burial (b) Date thereof April 12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director Simonson Funeral Home

(b) Address 76 E 70

19. (a) Apr 12/1941 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 10  
 year 1941 hour 7 minute 11 P. M.

21. I hereby certify that I attended the deceased from Apr. 2, 1941, to Apr. 10, 1941; that I last saw her alive on Apr. 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary emboli Duration 4 days  
 Due to broncho-pneumonia 8 days

Due to 707  
 Other conditions Fibroid uterus,  
(Include pregnancy within 3 months of death)  
Massive embolus from peduncle

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Same as above  
 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? 361 (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
 Address 3119 Strong Date signed [Signature]

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**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 H. Simmons

Licensed Embalmer No. 3903

P. O. Address KOK

**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.**