

Registration District No. 399 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:
140, South Van Brunt.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 Years
(Specify whether years, months or days)

In this community _____

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. 140 South Van Brunt Blvd
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward G. Grogger,

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex () Male.

5. Color or race White

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

6. (b) Name of husband or wife Mollie

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

7. Birth date of deceased: July 31 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
74		29	16	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Grogger

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

14. Maiden name Elvira Meyers

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

16. (a) Informant Mrs Mollie Grogger

(b) Address 140 South Van Brunt Blvd

17. (a) Burial (b) Date thereof May, 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah

18. (a) Signature of funeral director John P. Shel

(b) Address 6606 Indep Ave, Kansas City Mo

19. (a) May 18 1941 (b) M. M. Grogger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1941 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 2-7-40
1940 to May 16 1941

that I last saw him alive on May 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Lung Primary

Due to Trauma

Due to Trauma

Other conditions 47 d
(Include pregnancy within 3 months of death)

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) accident

(b) Date of occurrence Dec 2nd 1940

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

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
Public place on street by
(Specify type of place, if applicable)

While at work? (c) Means of injury

23. Signature James L. Hines (M.D. or other)
Address 2910 Harrison St. Date signed _____

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

11
3
8

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..... *John P. Shill*

Licensed Embalmer No..... *2536*

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, fact should be so stated above.