

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

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

4838

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 St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether)

In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 4960 Westwood Road  
(If rural, give location)

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

3. (a) PRINT FULL NAME Infant Graham

3. (b) If veteran, name war -----

3. (c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1941 hour 1 A.M. minute ----- M.

21. I hereby certify that I attended the deceased from -----, 19-----, to -----, 19-----;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if ----- years

that I last saw h ----- alive on -----, 19-----; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral artery

7. Birth date of deceased: July 16, 1941  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
			<u>22 hrs.</u>
			<u>-----</u> hr. <u>-----</u> min.

Due to 6th stroke

Due to 154

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

10. Usual occupation -----

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

Major findings: 154  
Of operations -----

11. Industry or business -----

12. Name Leonard A. Graham

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

14. Maiden name Dorothy Helen Kraft

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

16. (a) Informant Leonard A. Graham

(b) Address 4960 Westwood Road

Of autopsy 7th

PHYSICIAN -----  
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof July 18, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thomas E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 7-17-41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

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? -----

23. Signature John J. [Signature] (Specify type of place) ----- (e) Means of injury -----  
While at work

Address 440 E. [Signature] (M. D. or other) -----  
Date signed 7/27/41

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.....

*Thomas E. Jewell*

Licensed Embalmer No. ....

3775

P. O. Address.....

*A. C. Md*

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.