

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 1015 East 29th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 years 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Lake Forest, 13000 1/2 Sps. Co.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward M. Grade

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Glorice M. Grade 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov 30 - 1868 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 22 If less than one day hr. min.

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

10. Usual occupation agent

11. Industry or business Steamship, Tourist agent

12. Name Frank M. Grade

13. Birthplace Ireland, U.S. (City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Ed M. Grade Jr.

(b) Address Edinburg, Kan.

17. (a) Burial, cremation, or removal Burial (b) Date thereof Oct 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kan.

18. (a) Signature of funeral director Eugene A. Home

(b) Address 1015 East 29th St. Kansas City, Mo. 1941

19. (a) Date received local registrar 10/24/41 (b) Dr. M. Crowder (Registrar's signature)

20. DATE OF DEATH: Month Oct day 29 year 1941 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death.

Chronic myocardial infarction
Due to Coronary thrombosis
Due to Coronary Occlusion

Other conditions. (Include pregnancy within 3 months of death) 940

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature Russell W. Jones (M. D. or other) 3
Address Date signed

MEDICAL CERTIFICATION

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
3
2

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.....

Sandy Bergman

Licensed Embalmer No. *2041*

P. O. Address *Kan City*

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.