

FILED JAN 24 1942

Registration District No. 379

Primary Registration District No. 1002

Registrar's No.

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community 5 yrs
years, months or days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City 0483
(If outside city or town limits, write "RURAL")

(d) Street No. 908 East 4th St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Grace Hamburg

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frank H. Hamburg 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 8 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 24 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name David R. Fisher

13. Birthplace unknown
(City, town, or county)

14. Maiden name Margaret E. Fisher

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

16. (a) Informant Grace Hamburg

(b) Address 908 E. 4th Street, KC

17. (a) Burial (b) Date thereof 2/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Council No. Catholic

18. (a) Signature of funeral director Council No. Catholic

(b) Address Council No.

19. (a) 2/1/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1941 hour 4 minute 23 P. M.

21. I hereby certify that I attended the deceased from May 1, 1941, to December 1, 1941
that I last saw her alive on December 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to Essential hypertension
Due to 6/30

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

Major findings: Of operations: _____
Of autopsy: Cerebral hemorrhage

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)

23. Signature Robert M. Myers (M. D. or other) MO
Address Keeto Blg. KC Mo Date signed Dec 1, 1941

1891-524
87 05
5-21-1481

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, *Charles*

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. *2194*

P. O. Address _____

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.