

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
 (c) Name of hospital or institution: 220 W. 34th St. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Four years  
 In this community Four years  
 (Specify whether years, months or days)

**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. 220 W 34th St  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country U

**3. (a) PRINT FULL NAME** MARY-LARM-GRAMLICH  
 3. (b) If veteran, name war ←  
 3. (c) Social Security No. 2

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan day 9th  
 year 1942 hour 2:30 AM  
 21. I hereby certify that I attended the deceased from Nov-1941  
to present  
 that I last saw him alive on Nov-30  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race wh  
 6. (a) Single, widowed, married 2 divorced widowed  
 (b) Name of husband or wife Johanna Christiana Gramlich  
 9. (c) Age of husband or wife if alive ← years  
 7. Birth date of deceased Sept 3 1860  
 (Month) (Day) (Year)

Immediate cause of death Angina Pectoris  
 Due to 94B  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**8. AGE:** Years 81 Months 5 Days 1  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pilot Grove, Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife (retired)

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Unknown  
 13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings: Of operations None  
 Of autopsy None  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ydda Fehr  
 (b) Address 220 W 34th St. K.C. Mo.  
 17. (a) Burial (b) Date thereof Jan 12-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Pilot Grove Mo.  
 18. (a) Signature of funeral director Haye Painter  
 (b) Address Pilot Grove Mo.  
 19. (a) 1-9-42 (b) M. M. Crowe  
 (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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Keith Caspary (M. D. or other)  
 Address 315 Blumeda Date signed 1/9/42

**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.....

*Roy E Snow*

.....  
Licensed Embalmer No. *2560*

P. O. Address..... *2315 Linwood*

**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.**