No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5348

Registrar's No. 843

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

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

(d) Street No. 4523 Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Marie Grachek

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

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George A Gracheck

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

7. Birth date of deceased Oct 8 1900 (Month) (Day) (Year)

8. AGE: Years 41 | Months 4 | Days 23 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER
12. Name Frank Stoehr
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Teresa Weixeldorfer
15. Birthplace ..... (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Frank J Stoehr
(b) Address 2026 Penn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's

18. (a) Signature of funeral director Quirk & Sohn
(b) Address 20 West Linwood

19. (a) 3/2/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-1-42 day ..... year ..... hour ..... minute 3 A M.

21. I hereby certify that I attended the deceased from Deputy Coron, 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Shock

Due to Bullet wound of Chest & Abd

Due to .....

Other conditions 16 (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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) Homicide
(b) Date of occurrence 2-28-42
(c) Where did injury occur? KC (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Russell W Ross (M. D. or other) 3
Address KC Mo Date signed .....

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(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1948

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 John J. Conroy, Registered Apprentice No. 307, working under my personal supervision.

Signed Harold Perry

Licensed Embalmer No. 4097

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.