

FILED DEC 18 1942

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4571

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

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether
 In this community 44 yrs
years, months or days)

3. (a) PRINT FULL NAME Albert F. Gruner

3. (b) If veteran, name war None 3. (c) Social Security No. 487-09-3226

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Catherine Gruner 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased Sept. 20 1898
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 1978 If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business Printer

12. Name John Gruner

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

14. Maiden name Elizabeth Reinhardt

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

16. (a) Informant Catherine Gruner

(b) Address 503 S. Monroe

17. (a) Burial (b) Date thereof Dec 10 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C.H. Forster

(b) Address 918 Brooklyn

19. (a) 12-9-42 (b) M. Dr. Crown
(Date received local registrar) (Registrar's signature)

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. 503 Monroe
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
 year 1942 hour 7:00 A. M. minute _____ M.

21. I hereby certify that I attended the deceased from 12-4-42, 19____, to 12-8-42, 19____;
 that I last saw him alive on 12-8-42, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of Brain following a recent mastoidectomy
 Due to _____
 Due to _____
 Other conditions 89 B
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy See above

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) (a) Years of injury _____
 23. Signature James R. [unclear] (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Densil C. Browning*.....

Licensed Embalmer No. *2724*.....

P. O. Address *710 ne*.....

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.