

S. No. 2
A-542
5-17-39
PI X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5195
532

State File No. _____
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1003

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:
1246 Collins Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 40 Years
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. 1246 Collins Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. --

3. (a) PRINT MRS.
FULL NAME Elizabeth ANN Grabau
(b) If veteran, None (c) Social Security
name war None No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 30th
year 1943 hour 11 minute 00P.M.

4. Sex Female 5. Color or White
race White 6. (a) Single, widowed, married,
divorced MARRIED
(b) Name of husband or wife Mr. Alex Grabau 6. (c) Age of husband or wife if
alive 63 years
7. Birth date of deceased December 13 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Dec 27 47 to Jan 30 1943
that I last saw her alive on Jan 29 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
59 1 17 hr. min.

Immediate cause of death Angina pectoris disease
hypertension
Due to arteriosclerosis
Due to Bright's disease
Other conditions 131 B
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Frank H. Fairbank

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

14. Maiden name Sara Elizabeth Crane

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

16. (a) Informant Alex Grabau

(b) Address 1246 COLLINS STREET

17. (a) Burial (b) Date thereof Feb. 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. W. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-2-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations none
Of autopsy none

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 D. E. Brown (M. D. or other)
Address 4800 E. 4th St. Date signed 2/1/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Re. O.D. Edmonds
4800 E 24TH
1:30-5:30

NOV 15 1954

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..... *C. Hervey Quisenberry*.....

Licensed Embalmer No..... *4070*.....

P. O. Address..... *H C Mo.*.....

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.