

JUL 13 1943 / 149

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C.

(c) Name of hospital or institution: 720 West 11th St.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution xx
(Specify whether years, months or days)

In this community 20 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 720 West 11th St.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Herman J. Griener

3. (b) If veteran, name war no.

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1943 hour..... minute..... M.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Alvena Greiner

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 23, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Deputy Coroner
that I last saw him and and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

69	3	2	8hr.min.
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Immediate cause of death Acute Coronary Occlusion

Due to.....

Due to..... 94a

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

10. Usual occupation Blacksmith

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy See Above

11. Industry or business.....

12. Name John R. Griener

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Griener Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Joseph Griener

(b) Address 2726 Myrtle

17. (a) Burial (b) Date thereof 7/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eudora, Kans.

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C.

19. (a) 7-1-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature H. E. Upsher M. D.
23rd May (M. D. or other)
Address..... Date signed.....

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

MOTHER FATHER

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.....

Francis Walter....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. H. Regeman*.....
Licensed Embalmer No. *2744*
P. O. Address *K. R. No*.....

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.