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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1944

Registration District No. 1447

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1414

Registrar's No. 5685

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. MARY'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 15 DAYS (Specify whether
In this community 55 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 4402 MADISON AVENUE
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country RUSSIA 0

3. (a) PRINT FULL NAME MR. FRED GRAUBERGER, SR.

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. MARY GRAUBERGER

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased MAY (Month) 17 (Day) 1861 (Year)

8. AGE: Years 82 | Months 7 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace TITTLE (City, town, or county) RUSSIA 6 (State or foreign country)

10. Usual occupation MEN'S FURNISHING

11. Industry or business

FATHER
12. Name FRED GRAUBERGER
13. Birthplace ___ (City, town, or county) ___ (State or foreign country) 9

MOTHER
14. Maiden name MARGARET SEMON
15. Birthplace X (City, town, or county) ___ (State or foreign country) 9

16. (a) Informant MRS. MARY GRAUBERGER

(b) Address 4402 MADISON AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 3. 1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) Dec 31, 1943 (Date received local registrar) (b) F. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 30TH year 1943 hour 10 minute 45A M.

21. I hereby certify that I attended the deceased from Dec 16, 1943, to Dec 30, 1943, that I last saw him alive on Dec 25, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 2 days

Due to Prostatic hypertrophy senile uremia — Several yrs 4-5 days

Due to ___ 9 30

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

Major findings:
Of operations ✓

Of autopsy ✓

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) ✓

(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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Clarence S. Cahall M.D. (M. D. or other)

Address 1235 Rialto Bldg K.C. Mo. Date signed Jan 9 44

56,

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

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

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