

FILED MAY 11 1944  
 1949

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1886

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:  
1506 Myrtle  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 36 Years

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. 1506 Myrtle Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alonzo E. Graper  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 30th  
 year 1944 hour \_\_\_\_\_ minute 8:30 P.M.  
 21. I hereby certify that I attended the deceased from March 10th, 1944, to April 30, 1944,  
 that I last saw him alive on April 29, 1944,  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Maggie M. Graper  
 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased June 3 1861  
(Month) (Day) (Year)

Immediate cause of death:  
Chronic Myocarditis

8. AGE:	Years	Months	Days	If less than one day
<u>82</u>	<u>10</u>	<u>27</u>		hr. _____ min _____

Due to Hypertension  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy, within 3 months of death)

9. Birthplace Minnesota  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

11. Industry or business K. C. Power & Light Co  
 12. Name Henry Graper  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Missouri Tombs  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Graper  
 (b) Address 1506 Myrtle Ave.

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? \_\_\_\_\_

(c) Place: burial or cremation Elmwood Cem  
 18. (a) Signature of funeral director Earp Funeral Home  
 (b) Address 4139 East 15th, St  
 19. (a) 5-1-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (Means of injury)  
 23. Signature Dr. S. D. Ramsey (M. D. or other) Dr.  
 Address 900 Benton Date signed 5-1-44

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

MOTHER FATHER

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**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.....

Licensed Embalmer No. 24555

P. O. Address 1900 Med

**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.**