

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:
122 Clinton Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 years (Specify whether
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. 122 Clinton Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAMIE E. GRUVER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Re. 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, Widow
6. (b) Name of husband or wife David 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14, 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name Hiram Lindeman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Fritz
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Corwin
(b) Address 122 Clinton Place

17. (a) Burial (b) Date thereof 1/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 4-27-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 15-43
19____ to 4/25 1944
that I last saw him alive on 4/25-44 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 2 1/2

Due to _____

Due to _____

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

Major findings:
Of operations 925
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 R. L. St. Clair (M. D. or other) _____
Address 524 2 St. John Date signed 4/25-44

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.....

J. H. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

A. 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.