

FILED OCT 24 1944

Registration District No. 149

Primary Registration District No. 1002

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:
2457 TROOST AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 30 YEARS years, months or days

3. (a) PRINT FULL NAME MR. OSCAR WILLIAM GRABLE

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. CARRIE GRABLE 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased NOVEMBER 25 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 18 If less than one day hr. min.

9. Birthplace DANVILLE ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMER

12. Name HENRY GRABLE

13. Birthplace ALLENTOWN PENNSYLVANIA (City, town, or county) (State or foreign country)

14. Maiden name JEMIMA CRABTREE

15. Birthplace ALLENTOWN PENNSYLVANIA (City, town, or county) (State or foreign country)

16. (a) Informant MRS. CARRIE GRABLE

(b) Address 2457 TROOST AVENUE

17. (a) BURIAL (b) Date thereof OCT 16 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE HILL CEMETERY KANSAS CITY, KANSAS

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-14-44 (b) T.E. Brown (D.D.) (Date received local registrar) (Registrar's signature)

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. 2457 TROOST AVENUE (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 13 TH year 1944 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from 11-15 1943 to 10-10 1944
that I last saw him alive on 10-10 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Collapse
Due to Chronic Valvular Heart Disease

Due to Endocarditis Chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (Means of injury)

23. Signature Wm. R. Jasper (M. D. or other) D.D.
Address 3034 Northwood Date signed 10-13-44

By ~~Handwritten Name~~
3034 N. Harrison (Dr. Hall)

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 7 Cms.

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.