

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 214

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:
628 East 71st Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 36 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 31
(If outside city or town limits, write "RURAL")

(d) Street No. 628 East 71st Terrace 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Florence Mae Graf

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
year 1945 hour 6 minute A M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Glen V. Graf

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased December 7th 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Coroner 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

8. AGE: Years 36 Months 1 Days 6 If less than one day
hr. _____ min _____

Due to arterio-sclerosis

Due to _____

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

10. Usual occupation At home

Other conditions 94 a
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Peter A. Madved

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

14. Maiden name Mary Stark

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

Major findings: History of Suspicion

Of operations _____

Of autopsy not

16. (a) Informant Glen V. Graf

(b) Address 628 East 71st Terrace

17. (a) Burial (b) Date thereof 1-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Freemab Mortuary
Kansas City, Mo.

(b) Address _____

19. (a) 1-15-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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 James H. Walker 3 Bonus
(M. D. or other)
Address 1147 1/2 ... Date signed 1-14-45

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.....

Joseph R. Hunt, Registered Apprentice No. *364*
working under my personal supervision.

Signed *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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.