

FILED FEB 17 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 669

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3211 E 9th St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution _____
In this community 3 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kan City
(If outside city or town limits, write "RURAL")
(d) Street No. 3211 E 9th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur B. Grettenberg
(b) If veteran, name war World War I
(c) Social Security No. 500-84-1380

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 9
year 1945 hour 4:15 minute A M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex M (1) 5. Color or race W
6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife Laura
(c) Age of husband or wife if alive apt 40 years
7. Birth date of deceased Sept 23 1894
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
Due to arterio-sclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: History & Inspection
Of operations _____
Of autopsy no

8. AGE: Years 50 Months 7 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Teacher

11. Industry or business Retired

12. Name Heleny Grettenberg

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Alice Jensen

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

16. (a) Informant Mrs. Laura Grettenberg
(b) Address 3211 E 9th St

17. (a) Burial (b) Date thereof 2-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waldsworth Kan

18. (a) Signature of funeral director Waldsworth Kan
(b) Address 2315 Linwood

19. (a) 2-10-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

Duration _____
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) (e) Means of injury _____

23. Signature J. E. Brown (M. D. or other)
Address 1824 Jefferson Blvd Date signed 2-9-45

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

MOTHER FATHER

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..... *Ray E Snow*
Licensed Embalmer No. *2560*
P. O. Address *KE MD*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson SS.

State File No. 5116345
Local Registrar's No. 669

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of Feb., 1945, before me appears Mrs. Laura Grettenberg, who, upon her oath, states that the original record of death for Arthur B. Grettenberg, died Feb. 9, 1945, in the State of Missouri, and which was filed at K.C. on 2-10, 1945, should be corrected as follows:

Item No. 1 (d) should read 3 months
Instead of 3 years

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Mrs. Laura W. Grettenberg
X 3211 E 9th St. K. C. Mo.
Relationship wife
Present Address.

Subscribed and sworn to before me this 13th day of Feb., 1945

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5165