

FILED FEB 17 1945/9  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson  
 (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: K.C. General Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution About 6 hours  
(Specify whether years, months or days)  
 In this community 40 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. 2017 East 83rd St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME ADOLPH GROSSER  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 6th  
 year 1945 hour 1: minute 30 P. M.

4. Sex Ma 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Elsa  
 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased: June 10 1873  
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day  
71 7 26 hr. \_\_\_\_\_ min.

Immediate cause of death Skull Fracture  
 Due to Auto-Traumatism

9. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Stationery Engineer

Due to Car & Pedestrian  
 Other conditions 1700-8  
(Include pregnancy within 3 months of death)

11. Industry or business Rock's Flower Co. Greenhouse  
 12. Name No Record  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name No Record  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Major findings: History & Inspection  
 Of operations \_\_\_\_\_  
 Of autopsy see

16. (a) Informant Mrs. Erma Miller  
 (b) Address 2017 East 83rd St.  
 17. (a) Removal (b) Date thereof 2-8-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park-KCK  
 18. (a) Signature of funeral director J.W. Wagner  
 (b) Address Kansas City, Mo.  
 19. (a) 2-8-45 (b) D.C. Brown  
(Date received local registrar) (Registrar's signature)

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) accident  
 (b) Date of occurrence 2-6-45  
 (c) Where did injury occur? 83rd Westland, K.C. Jackson, Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place  
(Specify type of place)  
 While at work? no (e). Means of injury automobile  
 23. Signature J. J. ... (M. D. or other)  
 Address 1424 ... Date signed 2-7-45

**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..... *Cecil R. Matthes* .....

Licensed Embalmer No..... *3807* .....

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.**