

S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED JUL 30 1945
149

Registration District No. 149 Primary Registration District No. 1001

18
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8
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:
St. Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether)

In this community liveror
years, months or days

3. (a) PRINT FULL NAME JOHN GRAUBERGER

3. (b) If veteran, name war No

3. (c) Social Security No. 496-26-2571

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Elsia Grauberger

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

7. Birth date of deceased: April 29 th, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>2</u>	<u>18</u>	hr. min.

9. Birthplace: Kansas City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Sunflower Ordinance Works

MOTHER FATHER { 12. Name John Grauberger

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

14. Maiden name Maria Christina wybert

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

16. (a) Informant Mrs. Anna Spindle

(b) Address 3042 Flora, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/45
(Month) (Day) (Year)

(c) Place: burial or cremation Elnwood Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylea

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 7-20-45 (Date received local registrar) (b) Sheldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 44

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3042 Flora 0
(If rural, give location)

(e) Citizen of foreign country? No 0
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 th
year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 9, 1945 to July 17, 1945
that I last saw him alive on July 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach

Due to _____

Due to _____

Other conditions: none 4/6
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Carcinoma of Stomach

Of operations _____

Of autopsy Yes

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature J. N. Owens (M. D. or other) 0

Address A.P. mo Date signed 7/20/45

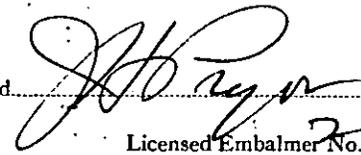
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 2999

P. O. Address. ICC

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.