

13145

State File No. _____

1632

Registrar's No. _____

FILED APR 10 1946

Registration District No. _____

Primary Registration District No. 1002

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:
215 W. Dartmouth Road /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no. (Specify whether
 years, months or days) 25 years

3. (a) PRINT FULL NAME Miss Ethel Graham

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased May 19 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 62 10 15 16 hr. min.

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

10. Usual occupation School Teacher

11. Industry or business X

12. Name Abner Graham

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

14. Maiden name Almira Veatch

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

16. (a) Informant Mrs. Ethel Mussler

(b) Address 304 E. 68th St., Kansas City, Mo.

17. (a) burial (b) Date thereof 4-6-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paola, Kansas

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-6-46 (b) Sheraldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
 (c) City or town Kansas City, 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 215 W. Dartmouth Road 8
 (If rural, give location) no.
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
 year 1946 hour 6:26 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1943 to April 4 1946
 that I last saw her alive on April 4 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 932

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. P. Klepinger (M. D. or other) _____

Address 615 Argyle Bldg Date signed 4-5-46

K C Mo

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

MOTHER FATHER

*Appx 13 Bldg
C. M.*

Dr. D. P. Kleplinger

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 *S. J. Allan*

Licensed Embalmer No. *1415*

P. O. Address *K. C. 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.