

S. No. 2
5-17-39
I X36871

FILED MAY 20 1946
149

Registration District No. 149 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:
1311 Indiania
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 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. 1311 Indiania
(If rural, give location)

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

3. (a) PRINT FULL NAME GRACE D. HUMMER

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 Married

6. (b) Name of husband or wife Fred A. Hummer 6. (c) Age of husband or wife, if alive 74 years

7. Birth date of deceased November 6 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1946 hour 11:00 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 3rd, 1946 to May 7, 1946 that I last saw her alive on May 7th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

8. AGE: Years Months Days If less than one day

71	6	1	
			hr. min.

Duration

2 mo.

6 mo.

Due to Hypertension

Due to Senility

Other conditions myocardial infarction
(Include pregnancy within 3 months of death)

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

10. Usual occupation Home

11. Industry or business Home

12. Name William Andrew Golden
Canada

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

14. Maiden name Catherine Marie Hollenbeck

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

PHYSICIAN

Major findings: 926

Of operations —

Of autopsy —

Underline the cause to which death should be charged statistically.

16. (a) Informant Fred A. Hummer

(b) Address 1311 Indiania

17. (a) Burial (b) Date thereof May 10, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. Mo.

19. (a) 5-9-46 (b) Theradine Holmes
(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? —

While at work? — (Specify type of place)

(e) Means of injury —

23. Signature Dr. S. D. Ramsey (M. D. or other) DO.
Address 900 Benton Ave. Date signed 5-9-46

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

15388

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.....

Chas E. Wilks

Licensed Embalmer No. *2644*

P. O. Address. *Houssos City W*

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.