

FILED JAN 7 1947
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: **Northeast Osteopathic Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 minutes**
In this community **18 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. **2728 Monroe**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **?**

3. (a) PRINT FULL NAME **OTTO K. KAWALLEK**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **510-05-2906**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **22d**
year **1946** hour **6:** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Brown**, 19... to 19...
that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.

4. Sex **Ma** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Grace Kawallek**
6. (c) Age of husband or wife if alive **41** years
7. Birth date of deceased **May 26 1903**
(Month) (Day) (Year)

Immediate cause of death **Coronary occlusion**
Due to **obstructed ostia of coronary arteries**

8. AGE:	Years	Months	Days	If less than one day
	43	6	26	hr. min.

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

10. Usual occupation **Employee Pickle Dept.**
Armour Packing Co.

11. Industry or business **No Record**
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)

16. (a) Informant **Mrs. Grace Kawallek**
(b) Address **2728 Monroe**

17. (a) **Burial** (b) Date thereof **12-26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **J. W. Wagner**
Kansas City, Mo.
(b) Address

19. (a) **12-25-46** (b) **Thereldine Holmes**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) **9/4a**

Major findings: Of operations
Of autopsy **you as alive**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 **J. W. Wagner** (M. D. or other)
Address **1424 1/2 W. 14th** Date signed **12-23-46**

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

JAN 13 1947

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. Matthe

Licensed Embalmer No. 3807

P. O. Address Kansas City,

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.