

FILED JUL 19 1948
Registration District No. 49

Primary Registration District No. 1002

State File No. _____
Registrar's No. 2769

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. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS
In this community OVER 40 YEARS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town GRANDVIEW
(If outside city or town limits, write "RURAL")
(d) Street No. 117th. & GRANDVIEW ROAD
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAHM, LEVIE L
3. (b) If veteran, name war NO
3. (c) Social Security No. 495-07-7412

20. DATE OF DEATH: Month July day 2
year 1948 hour 2 minute 10 P. M.
21. I hereby certify that I attended the deceased from 27 June
1948, to 2 July 1948;
that I last saw him alive on 2 July 1948;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife LILLIAN MARIE DAHM
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased MARCH 17 1884
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
Due to Hypertensive Cardio-vascular disease
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 64 Months 3 Days 15
If less than one day _____ hr. _____ min.

Major findings: no operations
Of operations _____
Of autopsy no autopsy
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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

9. Birthplace NORTONVILLE KANSAS
(City, town, or county) (State or foreign country)
10. Usual occupation FORMER EMPLOYEE--PRATT-WHITNEY

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

MOTHER FATHER { 12. Name BERNARD DAHM
13. Birthplace LUXENBOURG
14. Maiden name ELIZABETH KIEFER
15. Birthplace LUXENBOURG
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LILLIAN MARIE DAHM
(b) Address GRANDVIEW, MO.
17. (a) BURIAL (b) Date thereof 7-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director J. F. D... 3256 BROADWAY
(b) Address
19. (a) 7-5-48 (b) Sheraldine Holms
(Date received local registrar) (Registrar's signature)

23. Signature Paul G. Coomer, M.D. (M. D. or other)
Address Raytown Missouri Date signed July 48

WHILE IN PRINT USE CONTINUING BLACK INK—MAKE A PERMANENT RECORD

O'Donnell

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..... *Parke G. Rowe*

Licensed Embalmer No. *2347*

P. O. Address..... *K. R. 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.