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FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27308

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4002

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> |  | c. CITY OR TOWN <b>KANSAS CITY</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>34 YEARS</b>   |  | f. STREET ADDRESS (If rural, give location) <b>1414 EAST 30<sup>th</sup> STREET</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1414 EAST 30<sup>th</sup> STREET</b>                 |  |  |   |

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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JOHN</b> b. (Middle) <b>JAMES</b> c. (Last) <b>GRAMLICH</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>AUGUST 15, 1954</b> |
|--|--|--|---|

|                 |                               |   |                                       |   |   |   |
|-----------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <b>♂</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>AUG. 17, 1892</b> | 9. AGE (In years last birthday) <b>61</b> | if UNDER 1 YEAR Months _____ Days _____ | if UNDER 24 HRS. Hours _____ Min. _____ |
|-----------------|-------------------------------|---|---------------------------------------|---|---|---|

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|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>RETIRED GROCER</b> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <b>WILLOW SPRINGS, MISSOURI</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
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| 13a. FATHER'S NAME <b>CHRIS GRAMLICH</b> | 13b. MOTHER'S MAIDEN NAME <b>MARY BURGESS</b> | 14. NAME OF HUSBAND OR WIFE <b>HAZEL C. GRAMLICH</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>496-09-3378</b> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>MR. J. RUSSELL GRAMLICH - KANSAS CITY, MISSOURI</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>7955</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of Leukodermatosis</b>  |  |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE. (Specify)              | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

|   |                                       |                                 |
|---|---------------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Geo. C. Keelhofer</b> (Degree or title) | 23b. ADDRESS <b>4050 Broadway Ave</b> | 23c. DATE SIGNED <b>8-16-54</b> |
|---|---------------------------------------|---------------------------------|

|  |                                |   |  |
|--|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b> | 24b. DATE <b>AUG. 18, 1954</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>D.W. MURKIN'S CREMATORY</b> | 24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b> |
|--|--------------------------------|---|--|

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| DATE REC'D BY LOCAL REG. <b>8-18-54</b> | REGISTRAR'S SIGNATURE <b>Seraldine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>W. H. MURKIN'S SONS - KANSAS CITY, MISSOURI</b> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 Not Embalmed....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Robert J. Boyer.....

Licensed Embalmer No. 483

P. O. Address K6 10, 6

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.