

FILED OCT 4 1954

State File No.

4247

BIRTH NO.		REG. DIST. NO. 393		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY CLAY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY (HARLEM)		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN KANSAS CITY 5⁰⁰ 8⁰ 0		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 NORTH WALNUT				e. STREET ADDRESS (If rural, give location) 100 316 NORTH WALNUT (HARLEM)			
3. NAME OF DECEASED (Type or Print)		a. (First) MARGARET		b. (Middle) Rosella		c. (Last) GRACE	
4. DATE OF DEATH		5. SEX Fe		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		11. BIRTHPLACE (City and State or Foreign Country) 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME HENRY HODGENS		13b. MOTHER'S MAIDEN NAME L. Louise Rosenbaum		14. NAME OF HUSBAND OR WIFE DECEASED RICHARD J. GRACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-12-707613		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS RICHARD H. GRACE, 235 Piley North 15th St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency				INTERVAL BETWEEN ONSET AND DEATH 2 years			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Arteriosclerosis years			
				DUE TO (c) Hypothyroidism & Hypertension years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1520			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>1948</u> , to <u>5 Sept</u> , 1954, that I last saw the deceased alive on <u>5 Sept</u> , 1954, and that death occurred at <u>7:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS 1508 West Ave North Kan Ct, Mo.		23c. DATE SIGNED 9/6/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-7-54		24c. NAME OF CEMETERY OR CREMATORY East Slope Cem		24d. LOCATION (City, town, or county) (State) Platte Co Mo	
DATE REC'D BY LOCAL REG. 9-6-54		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.W. NEWCOMER'S North K.C. Mo			

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John W. Kalsbeck*

Licensed Embalmer No. *494*

P. O. Address *No. Kenosha*

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.