MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2. 50M-9-19-38 I X16605

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31512
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3610
(c) or City Kansas City — (d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 632 Edgar Louis Gratigny
(a) Residence, No. 400 East Armour Blvd. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Fannie L. Gratigny
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1876
7. AGE: YEARS 63 — MONTHS 5 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wholesale
9. Industry or business in which work was done, as saw mill, bank, etc. Drugs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Kansas

FATHER
13. NAME A. F. Gratigny
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. Fannie L. Gratigny 400 E. Armour Blvd.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Atchison, Kansas DATE Sept. 16, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary Kansas City Missouri
20. FILED 9-15, 1939 M M Lowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/15/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/14/39, 19, to 9/15/39, 19
I last saw him alive on 9/15/39, 19 Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

Ruptured R common iliac aneurysm c retro peritoneal hemorrhage — Date of onset

96

Other contributory causes of importance: Atheroma of aorta
History of compression fracture 4th Lumbar Vertebra
Name of operation no Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R Kloffer, M. D.
(Address) 1103 Grand
Kansas

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence W Chelis

Licensed Embalmer No. 3473

P. O. Address Ko C 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, above space should be left blank.

12:30 - 4:30