

FILED OCT 18 1940

Registration District No. 400

Primary Registration District No. 555312

Registrar's No. 175

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jess Summit
(c) Name of hospital or institution: RR 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 50 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME George Albert Grabe
8. (b) If veteran, name war no 8. (c) Social Security No. 50

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased April 26 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Valley Falls Kans
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Charles Grabe
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Malinda Stukesbury
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joe John Gallagher
(b) Address 3420 Brown Ave RR 11

17. (a) Burial (b) Date thereof Sept 23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jess Summit
18. (a) Signature of funeral director N. B. Langsford
(b) Address Jess Summit

19. (a) 9-23-40 (b) Sarah H. Boone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town RR 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi S.W. Jess Summit
(If rural, give location)
(e) If foreign born, how long in U. S. A. no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21 1940
year hour minute M.

21. I hereby certify that I attended the deceased from Deputy Coroner 1940;
that I last saw him alive on 9-21-40 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Repts Coronary Arteriosclerosis
Cor Sclerosis
Other conditions (include pregnancy within 3 months of death) HTN

Duration
Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) 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 Russell J. Fox (M. D. or other)
Address Adrian Date signed

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. FACTOR OF INFORMATION should be carefully supplied.

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 *H. B. Longford*
Licensed Embalmer No. *3833*
P. O. Address *Geo. Sumner*

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.