

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37956  
1554

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

**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: Trinity Lutheran  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days  
(Specify whether in this community years, months or days) Non Resident

8. (a) PRINT FULL NAME John Gruber  
8. (b) If veteran, name war WW 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased aug 2 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bern Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet maker Retired

11. Industry or business Cabinet shop

MOTHER FATHER { 12. Name No Data  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name No Data  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hoop Records  
(b) Address Ho 6 No

17. (a) Removal (b) Date thereof 11-28-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horton Kansas  
18. (a) Signature of funeral director Perkinton  
(b) Address Kernans

19. (a) 11-29-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Kansas (b) County Brown  
City or town Horton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 56 years.

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month November day 20th  
year 1940 hour 1:20 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from November 2, 1940, to Nov 28th, 1940  
that I last saw him alive on Nov 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 1/2 hrs.

Due to Atherosclerosis, hypertension?

Due to \_\_\_\_\_  
G.I.A.

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 Elmer Carter M.D. (D. or other)  
Address Plaza Med Bldg Date signed 11/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED DEC 21 1940

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 *R. A. Hudson*

Licensed Embalmer No. *3503*

P. O. Address *W. C. Kansas*

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Kansas  
County of Brown } ss.

State File No. ....

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. ....

On this 1 day of February, 1941, before me appears .....

....., who, upon ..... oath, states that the original record of <sup>birth</sup> death  
for John Gruber, died November 28, 1940, in the State of  
Missouri, and which was filed at Jefferson City, Mo on Dec 11, 1940, should be corrected as follows:

Item No. (a) should read married.

Instead of widower

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Rose Schneider Daughter  
Relationship.

Horton, Kansas  
Present Address.

Subscribed and sworn to before me this 1 day of February, 1941...

My Commission expires March 21-1942 [Signature] Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

37956