

FILED NOV 19 1943/49
Registration District No. _____

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
2038 College Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Effie Paul Grauberger
 3. (b) If veteran, name war No
 3. (c) Social Security No. 486-09-8435

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband Mr. Fred Grauberger
 6. (c) Age of husband or wife if alive 30 years 1884
 7. Birth date of deceased: September 30 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 23
 If less than one day _____ hr. _____ min.

9. Birthplace Lees Summit Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress
 11. Industry or business For Self

MOTHER FATHER {
 12. Name Robert Paul
 13. Birthplace Kingsville Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Patricia Evans
 15. Birthplace Kingsville Missouri
(City, town, or county) (State or foreign country)

16. (b) Informant William H. Grauberger
 (b) Address 516 Terry Dallas C.

17. (a) Burial Oct. 25, 1943
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)
 (c) Place: burial of cremation Floral Hills Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.

19. (a) 10-25-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2038 College Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 23rd
 year 1943 hour 4 minute 55 A. M.
 21. I hereby certify that I attended the deceased from Oct. 8,
1943, to Oct. 23, 1943;
 that I last saw h. alive on Oct. 22, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Duration 14 days

Due to Second Coronary Occlusion
 Due to Oct. 23, 1943

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 640
 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?
(Specify type of place) (a) Means of injury

23. Signature John R. Lewis (M. D. or other) M.D.
 Address 2548 Louisiana Date signed 10-23-43

35478
2-5-
Sullivan Avenue

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

[Handwritten Signature]

Licensed Embalmer No.

4043

P. O. Address

K. C. No.

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, fact should be so stated above.