

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. **4160**

**FILED** 007 16 1946  
Registration District No. 149

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: K.C. Convalescent Home, 3200 Norledge  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 weeks  
(Specify whether years, months or days)  
 In this community 57 years

3. (a) PRINT FULL NAME Margaret Grady  
 3. (b) If veteran, name war XX  
 3. (c) Social Security No. None

4. Sex Female 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Michael W. Grady  
 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased Oct. 6 1862  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 25  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace At Home Conn.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name John Kelly  
 13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
 14. Maiden name No Record  
 15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Erle Hopkins  
 (b) Address 6420 Oak

17. (a) Burial (b) Date thereof 10-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J. W. Wagner  
 (b) Address Kansas City, Mo.

19. (a) 10-2-46 (b) Steraldine Holmes  
(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. 6420 Oak Street  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 1<sup>st</sup>  
 year 1946 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from 9/3/46 to Oct 1<sup>st</sup> 46  
 and that death occurred on the 1<sup>st</sup> day and hour stated above.

Immediate cause of death 1. Chorea cerebelli, gen severe, cause unknown.  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 97  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_

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) \_\_\_\_\_  
 Means of injury \_\_\_\_\_  
 23. Signature Paul J. [unclear] (M. Drozner)  
 Address 1025 North Blvd. R. 1 Date signed 10/2/46

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**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..... *Alvin R. Haunschuld*

Licensed Embalmer No. *4159*

P. O. Address..... *Kansas City*

**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.**