

No. 2
-12-45
-17-39
1 X47070

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

FILED MAR 10 1947
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 841

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:
2617 Linwood Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

In this community 60 years

3. (a) PRINT FULL NAME GRACE WARNEKE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John C. Warneke

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 27, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 0 25 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home

12. Name Gabriel Baum 4

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Elizabeth Thompson
(City, town, or county) (State or foreign country)

15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Warneke Jr

(b) Address 107 Ward Parkway

17. (a) Burial (b) Date thereof 2-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyler
(Specify type of place)

(b) Address 1800 E Linwood Blvd, K.C. Mo

19. (a) 2-24-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3

(d) Street No. 2617 Linwood Blvd
(If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
" year 1947 hour 10 minute 30A M.

21. I hereby certify that I attended the deceased from 1943
19 to Feb 22 19 47
that I last saw her alive on Feb 16 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage stroke

Due to Hypertension - arteriosclerotic heart disease 5300

Due to

Other conditions (Include pregnancy within 3 months of death) 93 d

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?

(e) Means of injury

23. Signature Roy B. [unclear] (M. D. or other) MD

Address 924 Park Blvd, KCMO Date signed 2-22-47

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.....

Licensed Embalmer No..... 0995

P. O. Address..... 1 <

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.