S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41688

Registration District No. 149

Primary Registration District No. 1001

Registrar's No. 5453

48
3
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WRITE PLAINLY—USING 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: 6510 EAST 37th STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - ? (Specify whether
In this community 44 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 43rd + BLUE RIDGE CUT-OFF 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country - - -

3. (a) PRINT FULL NAME GUSTAVE E. GRAHN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. LUCY GRAHN

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased FEBRUARY (Month) 4 (Day) 1883 (Year)

8. AGE: Years 64 Months 10 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace NEW YORK (City, town, or county) N. Y. (State or foreign country) 1

10. Usual occupation OWNER GUS GRAHN + Co.

11. Industry or business MANUFACTURING

FATHER
12. Name CHARLES GRAHN
13. Birthplace NEW YORK CITY (City, town, or county) N. YORK (State or foreign country) 1

MOTHER
14. Maiden name LAURA NATHAN
15. Birthplace NEW YORK CITY (City, town, or county) N. YORK (State or foreign country) 1

16. (a) Informant Mrs Lucy Grahn
(b) Address Leeds Sta Kansas City

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation FLORAL HILLS CEM.

18. (a) Signature of funeral director A. H. Newmans Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 12-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 24TH year 1947 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from 9-15- 1947 to 12-23- 1947 that I last saw him alive on 12-23- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis,	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (Specify type of place) 2
While at work? (e) Means of injury

23. Signature J. P. Watt (M. D. or other) D.O.
Address 3314 E. 43rd Date signed 12-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C. 3, Mo.

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.