

FILED JUL 19 1948

Registration District No. **179**

Primary Registration District No. **1002**

Registrar's No. **2811**

**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: 6232 E. 14th. Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No  
(Specify whether years, months or days)

In this community 40 years  
(years, months or days)

3. (a) PRINT FULL NAME Grace E. Vardaman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Lloyd G. Vardaman

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 31 1882  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 2  
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd G. Vardaman

(b) Address 6232 E. 14th St. K. C., Mo.

17. (a) Burial (b) Date thereof 7 7 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery  
Freeman Mortuary

18. (a) Signature of funeral director Kansas City, Missouri

(b) Address Kansas City, Missouri

19. (a) 7-7-48 (b) Sheraldine 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 5  
(If outside city or town limits, write "RURAL")

(d) Street No. 6232 E. 14th. Street 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 3rd.  
year 1948 hour 1:59 minute 0 M.

21. I hereby certify that I attended the deceased from before, 19    , to     , 19    ;  
that I last saw h      alive on     , 19    ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to arterio sclerosis

Due to     

Other conditions       
(Include pregnancy within 3 months of death)

Major findings: 93  
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?     

While at work?      (Specify type of place) (e) Means of injury     

23. Signature      (M. D. or other)     

Address      Date signed 7-9-48

Duration     

PHYSICIAN     

Underline the cause to which death should be charged statistically.

**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 Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address B. C. 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.**