

FILED DEC 29 1948 49

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **5006**

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:
4825 FAIRMOUNT AVENUE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **35 YEARS**
 years, months or days

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. **4825 FAIRMOUNT AVENUE**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MRS. BLANCH MARGARET GRIESHAMMER**

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 **MR. WILBURN GRIESHAMMER**
 6. (c) Age of husband or wife if alive **52** years
 7. Birth date of deceased **OCTOBER 14 1988**
 (Month) (Day) (Year)

8. AGE: Years Months Days **60 1 23** If less than one day
 hr. min.

9. Birthplace **LINCOLN NEBRASKA**
 (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

12. Name **CONRAD BISEL**

13. Birthplace **GERMANY**

14. Maiden name **ELIZABETH M. WUNDERLICH**

15. Birthplace **GERMANY**
 (City, town, or county) (State or foreign country)

16. (a) Informant **MR. WILBUR N. GRIESHAMMER**

(b) Address **4825 FAIRMOUNT AVENUE**

17. (a) **BURIAL** (b) Date thereof **DEC. 8, 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **CREMATION D. H. HEWLETT HOME**

18. (a) Signature of funeral director **D. H. Hewlett**

(b) Address **1401. CREEK BLDG.**

19. (a) **4-8-48** (b) **G. M. G. Holmes**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **DECEMBER** day **6TH**
 year **1948** hour **2** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Dec. 1**
 19**48**, to **Dec. 6**, 19**48**
 that I last saw h _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, Primary Physical**
 Due to _____
 Due to _____

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

Major findings: **109A**
 Of operations _____

At 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?

F. Stanley Mores **U**
 While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature **F. Stanley Mores** (M. D. or other) _____
 Address **1512 Professional Bldg.** Date signed **12/7/48**

4240 Referral Case

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 Joe T. Deuss
Licensed Embalmer No. 44153

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.