N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23181

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2887

Township Kaw — Primary Registration District No. 1082 — Registered No.

City Kansas City (No. 3319 Chestnut St. Ward)

2. FULL NAME Geo.E.Mensch

(a) Residence, No. 3319 Chestnut St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs.Clara Mensch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept.19th.1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
50	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

FATHER

13. NAME O.P.Mensch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME Amelia Motz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Mrs.Clara Mensch 3319 Chestnut

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt.Moriah Cem. DATE 7/13/33 19

19. UNDERTAKER (ADDRESS) W.F.Mayberry City

20. FILED July 12, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10th. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to July 10, 1933

I last saw him alive on July 10, 1933. Death is said to have occurred on the date stated above, at 9.15P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY OCCLUSION	
94B	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) C. C. Quistgaard, M. D.

(Address) 6944 Crospus K. C. Mo.

P.S. Quistgard
6944 Prospect
Ja 4793