

DEC 20 1937

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

Do not use this space.

40241

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Haw Primary Registration District No. 1002  
City Kansas City (No. St. Mary Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4555  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Rose Mandell  
(a) Residence, No. 4227 Brooklyn Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 6 25

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

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) Austria, Hungary

13. NAME John Leitner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria, Hungary

15. MAIDEN NAME Rosalie Hauser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria, Hungary

17. INFORMANT (ADDRESS) Joseph Mandell  
4227 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cemetery DATE Nov 12 1937

19. UNDERTAKER (ADDRESS) John J. Sheehan  
Kansas City, Missouri

20. FILED Nov 12 1937 M. M. Browne Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 9 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1935, to \_\_\_\_\_, 1937

I last saw her alive on \_\_\_\_\_, 1937. Death is said to have occurred on the date stated above, at 7:15 P.M.

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

auricular fibrillation with multiple emboli of posterial artery L. Cerebral artery Date of onset 1935  
11-3-37  
11-1-37

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) Hubert M. Parker, M. D.  
(Address) 736 Argyle

N. B.—Every item on this certificate 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.

