

To. 2
-13-40
17-39
X23159

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4472

FILED DEC 11 1940

1. PLACE OF DEATH: Jackson
 (a) County
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 6000 Brookside
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Over 50 years (Specify whether 2 0 years, months or days)
 In this community Over 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Jennie L. Mehl

3. (b) If veteran, name war XX 3. (c) Social Security No. NO

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife A. J. Mehl 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 11 1870 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	3	11	hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Carl Knobelsdorf

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

14. Maiden name Euitgard Hart

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

16. (a) Informant A. J. Mehl (b) Address 6000 Brookside

17. (a) Entombment (b) Date thereof 11-25-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director M. M. Wagner (b) Address Kansas City, Mo.

19. (a) 11-24-40 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

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. 6000 Brookside (if rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1940 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from Sept 26 1940 to Nov 22 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis hyperension

Due to 9/15

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) (b) Means of injury

23. Signature Donald S. Smith (M. D. or other) Address 924 P. St. Bldg 100 Date signed 11-25-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

12 to 4

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

W. R. Hainchild

Licensed Embalmer No.

4159

P. O. Address

X. C. M. O

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.