

Registration District No. 403 Primary Registration District No. 5720-57 State File No. _____ Registrar's No. _____

DEAD MAR 17 1941

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: 65th & Cambridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 65th & Cambridge
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 53 0 years.

3. (a) PRINT FULL NAME John Mantle

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

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

6. (b) Name of husband or wife Mary Mantle 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 hr. min.

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

10. Usual occupation Butcher

11. Industry or business

MOTHER FATHER { 12. Name: John Mantle
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Vogrin
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Mantle
(b) Address 65th & Cambridge

17. (a) Burial (b) Date thereof 6/1 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) May 31, 1940 (b) D. M. Teubach, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1940 hour 9:20 minute 5 P.M.

21. I hereby certify that I attended the deceased from Sept 11, 1938 to May 30, 1940
that I last saw him alive on May 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to hypertension

Due to 830

Other conditions Senility
(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? Yes

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

23. Signature Hugh J. Gutzman (M. D. or other) D
Address 303 Westman Pkwy Date signed 5-31-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

No. 6 400
Westman B.P.
3100 7th street
12:30

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address R. E. M.

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, above space should be left blank.