

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1291

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: 4551 Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 years
In this community 54 years
years, months or days

3. (a) PRINT FULL NAME Katherine Mandl

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Frank Mandl 6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased May 12, 1968
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>72</u> | <u>10</u> | <u>25</u> | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER {
12. Name Hochschopf
13. Birthplace Germany
(City, town or county) (State or foreign country)
14. Maiden name NO RECORD
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Mandl Jr.
(b) Address 206 W 34th St. K.C.Mo.

17. (a) Burial (b) Date thereof 4/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas

19. (a) Apr 8 1941 (b) M R 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. 4551 Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 54 years years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 7 year 1941 hour 5.05 minute P.

21. I hereby certify that I attended the deceased from Jan 10 1939 to Apr 7 1941 that I last saw her alive on Apr 7 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation Duration 12 hrs.
Due to Chronic Myocarditis 2 yrs
Due to General arteriosclerosis and Coronary Sclerosis 5 yrs
Other conditions 92N 2 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 93H
Of operations: ---
Of autopsy: ---
Underline the cause to which death should be charged statistically.

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) (e) Means of injury ---
23. Signature Dr. O'Connell M.D. (M. D. or other) ---
Address 810 Medical Bldg. Date signed 4/8-41

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

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 *Ross Blanford*.....

Licensed Embalmer No. *4015*.....

P. O. Address *411 2nd State Line*.....

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.