

FILED AUG 16 1941
Registration District No. **99**

Primary Registration District No. **1002**

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

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **lifetime** years, months or days)

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. **3009 McGee**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Bernard J. Mandl**
3. (b) If veteran. name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Buelah Mandl** 6. (c) Age of husband or wife if alive **34** years
7. Birth date of deceased **February 24, 1903**
(Month) (Day) (Year)

8. AGE: Years **38** Months **4** Days **9** If less than one day
hr. min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Fireman**

11. Industry or business **K.C. Fire Department**

12. Name **Louis Mandl**

13. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Kubichek**

15. Birthplace **Salina, Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Mandl**

(b) Address **3009 Mc Gee**

17. (a) Burial (b) Date thereof **7-7-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **Quirk & Nativ Co**
(b) Address **Kansas City, Mo**

19. (a) 7-7- (b) **M. M. Corone**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **5**
year **1941** hour **2:30** minute **PM** M.
21. I hereby certify that I attended the deceased from **June 25**, 19**41**, to **July 5**, 19**41**;
that I last saw him alive on **July 5**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Encephalo-malaria**

Due to **Diffuse Arteriosclerosis**

Due to _____

Other conditions **Cardiac Infarction (old)**
Renal Infarction (old)
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **Diffuse Encephalomalacia**
Diffuse Arteriosclerosis

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 **J. R. Runner** (M. D. or other) **J. R. Runner**

Address **341 Ogden Alley** Date signed **7-7-41**

048
3
8

Duration

PHYSICIAN

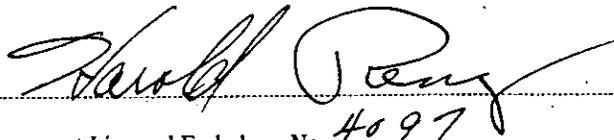
Underline the cause to which death should be charged statistically.

OCT 28 1961

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.....



Licensed Embalmer No. 4097

P. O. Address.....

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.