

State File No. \_\_\_\_\_

DEC 22 1941  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4226

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:  
1. 1600 E 33rd St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 yrs (Specify whether  
In this community \_\_\_\_\_ 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. 1600 E 33rd St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 50 yrs. years.

3. (a) PRINT FULL NAME Israel Sandhows

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Not Known  
(Month) (Day) (Year)

8. AGE: Years 88 Months - Days - If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name: Abraham Sandhows

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

14. Maiden name Hannah Wink

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

16. (a) Informant Wm K Sandhows

(b) Address 5804 Mc Lee

17. (a) Removal (b) Date thereof 11-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. Zion Cem. near Vesper, Kans

18. (a) Signature of funeral director Passantino Bros.

(b) Address \_\_\_\_\_  
19. (a) 11-13-41 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12  
year 1941 hour 4:4 minute 45 A.M.

21. I hereby certify that I attended the deceased from August, 1932, to Nov 11, 1941;  
that I last saw him alive on Nov. 11, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death 1) chronic myocarditis

Due to Senility - 935

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

22. If death was due to \_\_\_\_\_ 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) (Means of injury)  
23. Signature Alfred J. Stenberg (M. D. or other) C. D. O.

Address 834 Orange Date signed 11-12-41

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**