V. S. No. 2
0M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5503

MAR 9 1942

Registration District No. 3429

Primary Registration District No. 1002

Registrar's No. 729

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:
3501 Benton Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -------- (Specify whether
In this community 32 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3501 Benton Blvd. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Caroline Augusta Mengel

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Edward H. Mengel

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July (Month) 11 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	7	7	hr. min.

9. Birthplace Pittsburg (City, town, or county) / Pennsylvania (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name Unknown Unknown
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant E. H. Mengel
(b) Address 3501 Benton Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2/21/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 th
year 1942 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 5, 1942, 19 to Feb 18, 1942
that I last saw her alive on Feb. 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right breast with metastases to abdominal and thoracic viscera — Duration 2 yrs.

Due to Carcinoma of breast.

Due to 50

Other conditions Chronic arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Cummins, M.D. (M.D. or other)

Address 4620 Indep. Ave. Date signed Feb. 18, 1942

(Licensed Embalmer's Statement on Reverse Side)

Dr. Walter Cummer
4620 Bishop Ave
2-5

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 A. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. Mo.

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.