

Registration District No. **1002**
FILED JAN 14 1943

Primary Registration District No. **1002**

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 **K. C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether years, months or days)
In this community **28 Years**

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. **3630 Warwick Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mr. Edwin M. Mellinger**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **30th**
year **1942** hour **5** minute **15** A. M.

4. Sex **Male** 5. Color or Race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mrs. Sarah Jane Mellinger**
6. (c) Age of husband or wife if alive **18** years
7. Birth date of deceased **November 18 1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **December 27th** 19 **42** to **December 30th** 19 **42**
that I last saw him alive on **December 30th** 19 **42**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	78	1	12	hr. _____ min. _____

Immediate cause of death **Cerebral Hemorrhage**
Due to **Hypertension**

9. Birthplace **Lancaster County Pennsylvania**
(City, town, or county) (State or foreign country)

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Upholsterer**
11. Industry or business **retired**
12. Name **Unknown Mellinger**
13. Birthplace **Lancaster County Pennsylvania**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Lancaster County Pennsylvania**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy **None**

16. (a) Informant **Harry C. Mellinger**
(b) Address **3630 Warwick Blvd.**

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

17. (a) **Burial** (b) Date thereof **Dec. 31, 1942**
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation **Mt. Hope Cemetery Kansas City, Kansas**

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? _____

18. (a) Signature of funeral director **W. H. Newcomer's Sons**
(b) Address **1401 Brush Creek Blvd.**
19. (a) **12-31-42** (b) **M. H. Crowe**
(Date received local register) (Registrar's signature)

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

23. Signature **Dorley R. Thoon** (M. D. or other) **M. D.**
Address **Med. Dir. K.C. General Hospital** Date signed **12/30/1942**

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Ke. 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.