

ED AUG 6 1948 / 49
 Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3162

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:
Menorah
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one day
(Specify whether years, months or days)
 In this community 63 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 722 Ward Parkway
(If apt. or blk. no.)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edith Mainhardt

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 1st 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>2</u>	<u>19</u>	<u>10</u> hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Herman Haar

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

14. Maiden name Sara Hammerschlag

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

16. (a) Informant Florence Mainhardt

(b) Address 722 Ward Parkway

17. (a) Cremation (b) Date thereof 7/20/43
(Date of burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Carroll Davidson

(b) Address 3024 Troost av.

19. (a) 7-19-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 15 yrs to _____, 19____

that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____

Due to Arteriosclerosis

Hypertension

Due to 94a

Other conditions (Includes pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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? _____

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

23. Signature Frederic Drey M.D. (M. D. or other) _____

Address Mo Mo Date signed _____

Resubmitted for records

James C. ...

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 *Julian H. David*
Licensed Embalmer No. *1168*

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.