S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1945

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 52557

Primary Registration District No. 1002

Registrar's No. 720

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 1 mo. (Specify whether years, months or days)

In this community 6 months

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. 4128 Troost
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME OSCAR Joseph Mendenhall

3. (b) If veteran name war World war II 1940-1941

3. (c) Social Security No. 500-22-0177

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 7 1917
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
27	11	5	hr. min.

9. Birthplace Mountain View, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Pratt Whitney

MOTHER FATHER

12. Name Amos Mendenhall

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

14. Maiden name Berttie Sells

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

16. (a) Informant Mrs. Berttie Sells

(b) Address Springfield Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave

19. (a) 2-13-45 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1945 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from January 12 1945 to February 12 1945 that I last saw him alive on February 12 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Epileptic deterioration — Duration

Due to

Due to

Other conditions
(Includes pregnancy within 3 months of death)

Major findings:
Of operations

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 Clark W. Seal M.D. (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 2-12-45

(Licensed Embalmer's Statement on Reverse Side)

MAR - 8 1945

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 Thomas E. Lunk

Licensed Embalmer No. 3775

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.

MAR 8 1945