

FILED JUN 1 1945

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **2152**

1838

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
On Train - Union Station **2**
(If not in hospital or institution, write street number or location) ********

(d) Length of stay: In hospital or institution **few minutes**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jacob D. MEHNER**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Vera V. Mehner**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Sept. 7, 1893**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| 51 | 8 | 6 | hr. min. |

9. Birthplace **Freeman, South Dakota**
(City, town, or county) (State or foreign country)

10. Usual occupation **Regional Finance Mgr.**

11. Industry or business **Government Work**

12. Name **Daniel Mehner**

13. Birthplace **Unknown** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Mensch**
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. E. F. Kleinbecker**

(b) Address **Ambassador Hotel**

17. (a) **Removal** (b) Date thereof **5/15/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln, Nebraska**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **1800 Linwood Blvd.**

19. (a) **5-18-45** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Texas** (b) County **479**

(c) City or town **Fort Worth** **41**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? **No** **2** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13**
year **1945** hour **7** minute **30** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 occlusion**

Due to **Asalus - rheumatis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **94 a**

Major findings: Of operations _____

Of autopsy **As per report History + Injection**

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 **3** **Coronary**

23. Signature **Samuel D. Walker** (M. D. or other) **Walker**

Address **1424 1/2 Poplar St. Mo.** Date signed **5-15-45**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Chas Wilkins

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.