

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# FILED JUN 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. **16752**  
Registrar's No. **2255**

Registration District No. 149 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: 2514 Charlotte /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution XX  
64 years (Specify whether years, months or days)  
 In this community 64 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. 2514 Charlotte **8**  
(If rural, give location)  
 (e) Citizen of foreign country? No **0**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MICHAEL MANDL  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 496-07-0687

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 20th  
1946 year hour 5:00 minute A. M.  
 21. I hereby certify that I attended the deceased from 5-1  
1945 to 5-20 1946  
 that I last saw him alive on 5-19  
 and that death occurred on the date and hour stated above.

4. Sex Ma **0** 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Katherina Mandl  
 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased August 17 1865  
(Month) (Day) (Year)

Immediate cause of death  
Myocardial  
acute Coronary thrombosis **1 week**  
arteriosclerosis & hypertensio **year**  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 9 Days 3  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Major findings:  
 Of operations no **940**  
 Of autopsy no  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace Austria-Hungary **4**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Baker  
Fred Harvey

11. Industry or business \_\_\_\_\_  
 12. Name Leopold Mandl  
 13. Birthplace Austria-Hungary **4**  
(City, town, or county) (State or foreign country)  
 14. Maiden name Theresia Wensch  
 15. Birthplace Austria-Hungary **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo M. Mandl  
 (b) Address 5428 Michigan  
 17. (a) Burial (b) Date thereof 5-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. St. Mary's

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 J. W. Wagner  
Kansas City, Mo.  
 (b) Address \_\_\_\_\_  
 19. (a) 5-20-46 (b) Thereldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature John H. Blumer (M. D. or other) **MD**  
 Address 1407 Bryant Blvd Date signed 5-21-46  
H. P. MO

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

1344  
VI - 7010

**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 Alvin R. Gammack

Licensed Embalmer No. 415-9

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.**