

S. No. 2
M-5-43
7-5-17-39
P I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16762
State File No. _____
2137
Registrar's No. _____

FILED MAY 20 1946

Registration District No. 149 Primary Registration District No. 1002

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

15644

1. PLACE OF DEATH:
JACKSON
(a) County
(b) City or town Kansas City
(c) Name of hospital or institution:
3943 Garfield /
(d) Length of stay: In hospital or institution. 40 yrs.
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(d) Street No. 3943 Garfield 8
(e) Citizen of foreign country? No 0
If yes, name country

3. (a) PRINT FULL NAME Marie Mendelsohn
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 Married /
6. (b) Name of husband or wife Ruban Mendelsohn
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Nov. 28, 1888

8. AGE: Years 57 Months 5 Days 15
If less than one day hr. min. 12

9. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Jacob Kurtz
13. Birthplace Hungary 4
14. Maiden name Rebecca (Unknown)
15. Birthplace Hungary 4

16. (a) Informant Mr. Ruban Mendelsohn

(b) Address 3943 Garfield

17. (a) Burial (b) Date thereof 5/12/46
(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director J.P. Louis Funeral Home

(b) Address 3400 Woodland Ave., K.C. Mo.

19. (a) 5-11-46 (b) Edna Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 8, 1946 to May 10, 1946
that I last saw her alive on May 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis 2 days
Due to arteriosclerosis Indef.

Other conditions: Cerebral Thrombosis
Major findings: Of operations 940
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature: Edwarda Samuelson (M. D. or other) MD
Address: 2663 S. 31 Date signed May 11, 46

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. 3110,
working under my personal supervision.

Signed.....

G. J. Lewis

Licensed Embalmer No. 3110

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.