

FILED DEC 24 1946

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: **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 **15 days** (Specify whether years, months or days)  
In this community **17 Years**

3. (a) PRINT FULL NAME **Joseph Mangold**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Amelia Mangold**  
6. (c) Age of husband or wife if alive **dec.** years  
7. Birth date of deceased **December 17 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74 11 20** hr. min.

9. Birthplace **no record** **France**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Chef (retired)**  
11. Industry or business **Hotel Continental**

12. Name **Joseph Mangold**  
13. Birthplace **no record** **France**  
(State or foreign country)  
14. Maiden name **no record**  
15. Birthplace **no record** **No record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. B. De Haas**  
(b) Address **26th & Madison**

17. (a) **burial** (b) Date thereof **12/9/46**  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Maple Hill Cemetery**

18. (a) Signature of funeral director **Gates Funeral Home**  
(b) Address **1901 Olathe Blvd. K.C.K.**

19. (a) **12-9-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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. **3157 Bell**  
(If rural, give location)  
(e) Citizen of foreign country? **unknown** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **7th**  
year **1946** hour **12** minute **30** A. M.  
21. I hereby certify that I attended the deceased from **11-22-46**, 19... to **12-7-46**, 19...  
that I last saw him alive on **12-7-46**, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **arterial sclerotic heart-disease**

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy **None**

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?  
**C.K.**

While at work? (Specify type of place) (c) Months of injury  
23. Signature **Wm. W. Hart** (M. D. or other)  
Address **Med. Dir. K.C. Gen. Hosp. K.C. Mo.** Date signed

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

COPYING BLACK INK—MAKE A PERMANENT RECORD

**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 *L Ross Blanford*

Licensed Embalmer No. *4015*

P. O. Address *414 State St*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**