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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 20 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2064

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:
3231 Prospect Conv. Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 months
(Specify whether
 In this community 55yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3231 Prospect
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ISRAEL (JAKE) MANDELKEHR
 3. (b) If veteran, name war X
 3. (c) Social Security No. Δ

4. Sex M 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>			hr. min.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)
 10. Usual occupation Barber (retired)

11. Industry or business _____
 12. Name Harry Mandelkehr
 13. Birthplace Austria 4
(City, town, or county) (State or foreign country)
 14. Maiden name Lona (Unknown)
 15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Mandelkehr
 (b) Address 300 E. Armour, K.C., Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/47
(Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Carmel
 18. (a) Signature of funeral director J.P. Louis Funeral Home
3400 Woodland Ave., K.C., Mo.
 (b) Address _____
 19. (a) 5-9-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 6th
 year 1947 hour 4 minute 30 P M.
 21. I hereby certify that I attended the deceased from April 1st
1947 to May 6th 1947
 that I last saw him alive on May 5th 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death menia terminal
 Duration 2 weeks
 Due to Cardiac Decompensation
Hypertension
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations 95C
 Of autopsy _____
 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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Irish Getelson (M. D. or other) M.D.
 Address 1819 Ruffin Bldg Date signed 5-7-47

WRITE PLAINLY—USE UNFADING 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.....

P. L. Lewis

Licensed Embalmer No.....

3110

P. O. Address.....

H. 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.