

Registration District No. **149** Primary Registration District No. **1002**

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

**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: Memorial Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3726 E 36th St  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Jacob Mendelsohn  
 3. (b) If veteran name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Kate  
 6. (c) Age of husband or wife if alive 61 years  
 7. Birth date of deceased Oct 11 1884  
(Month) (Day) (Year)

**8. AGE:** Years 62 Months 10 Days 6  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Warsaw Poland  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business \_\_\_\_\_

12. Name Nathan Mendelsohn

13. Birthplace Poland  
(City, town, or county) (State or foreign country)

14. Maiden name Yetta (Unknown)

15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Mendelsohn

(b) Address 1328 E 36th K.C. Mo

17. (a) Burial (b) Date thereof 9/18/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

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

(b) Address 3400 Woodland K.C. Mo

19. (a) 9-20-47 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Sept. day 19  
 year 1947 hour 7 minute 43 P.M.  
 21. I hereby certify that I attended the deceased from 5-10-47  
 19\_\_\_\_ to 9-17 19\_\_\_\_  
 that I last saw him alive on 9-17 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Transition + Tofemia from generalized abdominal carcinomatosis carcinoma of colon carcinoma of liver  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions: pregnancy within 3 months of death

Major findings: 462 Carcinoma of colon  
 Of operations \_\_\_\_\_

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? \_\_\_\_\_ (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) Means of injury \_\_\_\_\_  
 23. Signature Joseph H. Printz D. or other \_\_\_\_\_  
 Address 116 1/2 Grand Date signed 9-18-47

Duration  
 ?  
 ?  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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**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.....

*A. J. Lewis*

Licensed Embalmer No. *3110*

P. O. Address *K. 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.**