

S. No. 2
OM-2-43
v. 5-17-39
X35897

37455

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 18 1947

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 124

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

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town 1218 E. 23rd St. N.K.C.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home, 1218 E. 23rd St North Kans. City
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clay 24
 (c) City or town 1216 E 23rd, N.K.C? Mo. 3
(If outside city or town limits, write "RURAL") 1
 (d) Street No. 1216 E. 23rd St.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country X ()

3. (a) PRINT FULL NAME Fredrick Lender
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 31
 year 1947 hour 10 minute 15 AM.
 21. I hereby certify that I attended the deceased from July 1
1947 to Oct 31 1947
 that I last saw him alive on Oct 31 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 0
 5. Color or race Wht
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive 24 years
 (Day) (Year)
 7. Birth date of deceased November 1863
(Month) (Day) (Year)

Immediate cause of death
Pneumonia
secondary to
cerebral hemorrhage.
 Due to senility.
 Other conditions
(Include pregnancy within 3 months of death)

8. AGE:
 Years Months Days If less than one day
83 11 7 X hr. X min.
 9. Birthplace Columbus Ohio 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

Major findings:
 Of operations 83A
 Of autopsy _____
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business Same as above
 12. Name Henry Lender 4
 13. Birthplace Berlin Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Krause
 15. Birthplace Berlin Germany 4
(City, town, or county) (State or foreign country)
 16. (a) Informant Mr. F. A. Lender
 (b) Address 6912 Chestnut, K.C., Mo.
 17. (a) Burial (b) Date thereof Nov. 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation German Cem. N.K.C.
 18. (a) Signature of funeral director Morton Smith's F.H.
 (b) Address 832 Armour Rd. N.K.C. Mo.
 19. (a) Nov 2 47 (b) Beulah Kitcher
(Date received local registrar) (Registrar's signature) 12

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? NO
 While at work (Specify type of place) (e) Means of injury 0
 23. Signature Melvin Long (M. D. or other) 11-27-47
 Address No. R.C. Mo. Date 11-27-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-17-47

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 _____

Charles J. Shaw, Registered Apprentice No. 479
working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.