

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15477**  
Registrar's No. **604**

**FILED JUN 7 1948**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1000**

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

**1. PLACE OF DEATH:**  
(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Methodist Hospt.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days) **1 day**

**3. (a) PRINT FULL NAME** **Frederick Mandorin**  
**3. (b) If veteran,** **No** **3. (c) Social Security No.** **512-26-4041**  
name war.....

**4. Sex** **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Divorced**  
**6. (b) Name of husband or wife** **Esther Mandorin** **6. (c) Age of husband or wife if alive** **not stated**  
**7. Birth date of deceased** **June 7, 1889**  
(Month) (Day) (Year)

<b>8. AGE:</b>	<b>Years</b>	<b>Months</b>	<b>Days</b>	<b>If less than one day</b>
<input checked="" type="checkbox"/>	<b>58</b>	<b>11</b>	<b>18</b>	.....hr. ....min.

**9. Birthplace** **Rock Island Illinois**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farm Laborer**  
**11. Industry or business** **Farming**

**12. Name** **Edward Mandorin**  
**13. Birthplace** **Unknown Ohio**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Serina Buckley**  
**15. Birthplace** **Rock Island Illinois**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **A. L. Dodds**  
**(b) Address** **Wathena, Kansas**

**17. (a) Removal** **Removal** **(b) Date thereon** **May 26, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place, burial or cremation** **Wathena, Kansas**  
**CLARK FUNERAL HOME**  
**18. (a) Signature of funeral director** **Eric Clark**  
**(b) Address** **120 Illinois Ave. St. Joseph, Mo.**  
**19. (a) June 2, 1948** **(b) E. B. Jenkins**  
(Date received local registrar) (Registrar's signature)

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

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **May** day **25**  
year **1948** hour **6** minute **15 p.** M.

**21. I hereby certify that I attended the deceased from** **May 25, 1948**, to **May 25, 1948**,  
that I last saw him alive on **May 25, 1948**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Leukemia**  
Duration **1 mo.**

Due to.....  
Due to.....

Other conditions **atelectasis, cause**  
(Include pregnancy within 3 months of death) **30 days**

**Major findings:**  
Of operations.....  
Of autopsy.....  
**PHYSICIAN**  
Underline the cause of 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)  
(c) Means of injury.....

**23. Signature** **John J. ...** (M. D. or other) **MO**  
**Address** **420 N. 82nd** **Date signed** **5-27-48**

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 *Earl A. Clark*.....

Licensed Embalmer No. 4238.....

P. O. Address. St. Joseph, 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.