

FILED JUN 1 1948

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: 3420 TROOST  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO (Specify whether  
In this community 5 YRS. years, months or days)

3. (a) PRINT FULL NAME ARTHUR H. MELENBACKER

3. (b) If veteran, name war NO 3. (c) Social Security No. 187-16-3174

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ALMA MELENBACKER 6. (c) Age of husband or wife if alive unk. years  
7. Birth date of deceased SEPT. 7 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 8 8 hr. min.

9. Birthplace NEW YORK (City, town, or county) (State or foreign country)

10. Usual occupation CITY EMPLOYEE

11. Industry or business

MOTHER FATHER { 12. Name HARRY W. MELENBACKER 9  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
14. Maiden name SARAH A. FIDDLER  
15. Birthplace NEW YORK (City, town, or county) (State or foreign country)

16. (a) Informant MRS. ALMA MELENBACKER  
(b) Address 3420 TROOST

17. (a) CREMATION (b) Date thereof 5-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD

18. (a) Signature of funeral director STINE & MCCLURE  
(b) Address KANSAS CITY, MO.

19. (a) 5-18-48 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON 48  
(c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3420 TROOST 8  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15  
year 1948 hour 11 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 12, 48 to May 15, 48  
that I last saw him alive on May 15, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration 9  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None 1310  
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?

(Specify type of place) (Specify means of injury) 2  
While at work? \_\_\_\_\_  
23. Signature Frank E. Ray (M. D. or other) DD  
Address 4314 E 9th St. No. Date signed 5-17-48

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

Dr. J. Smith  
4314 E 9  
2-30

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 *J. Smith* .....

Licensed Embalmer No. *1415* .....

P. O. Address *H. C. M. Co.* .....

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.