No. 2
—5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40023

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5227

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: Campbell Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Mo. / (Specify whether
In this community 28 years
years, months or days)

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. 3628 Penn. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Blumenthal

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 26 (Day) 1873 (Year)

8. AGE: Years ~~75~~ 74 Months 11 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 11 (State or foreign country)
10. Usual occupation Housewife 1
11. Industry or business
FATHER
12. Name Lazar Gelhaar
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown 1
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Al. Blumenthal 1
(b) Address 5433 Locust
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cem.
18. (a) Signature of funeral director Carroll- Davidson
(b) Address 3024 Troost
19. (a) 12-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1948 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from Nov 10, 1948, to Dec 20, 1948
that I last saw her alive on Dec 13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9 3/10	
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? ( )
(Specify type of place)
While at work? Jack W. Wolf (e) Means of injury
23. Signature Jack W. Wolf (M. D. or other) M.D.
Address 206 Argyle Bldg Kansas City, Mo Date signed Dec 21 48

(Licensed Embalmer's Statement on Reverse Side)

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 Julian K. Davidson

Licensed Embalmer No. 1168

P. O. Address.....

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.