

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16013

State File No. _____
REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2065

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>40 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>3521 CENTRAL AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3521 CENTRAL AVENUE</u>		d. STREET ADDRESS (If rural, give location) <u>3521 CENTRAL AVENUE</u>	
3. NAME OF DECEASED a. (First) <u>LOUISE</u> (Type or Print)		b. (Middle) <u>WILHELMENIA</u>	
c. (Last) <u>MANG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-10-1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT.-10-1867</u>
9. AGE (In years last birthday) <u>81 YRS.</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 YEAR Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>MUNICH, BAVARIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOHN ZERCHER</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Mandler</u>	
14. NAME OF HUSBAND OR WIFE <u>MAX MANG</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates observed) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LOUISE MANG</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>3521 CENTRAL AVENUE KANSAS CITY, Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 da</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>5-1</u> , 19 <u>49</u> , to <u>5-9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-9</u> , 19 <u>49</u> , and that death occurred at <u>1:45 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles E. Lee, M.D.</u> (Degree or title) <u>E. Lee</u>		23b. ADDRESS <u>1578 Grand Blvd. Kc Mo</u>	
23c. DATE SIGNED <u>5-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-12-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-11-49</u>		REGISTRAR'S SIGNATURE <u>Thalidine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>P.W. Newcomer's Son</u>		ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

12:30-5

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed *D. D. Nofsinger*

Licensed Embalmer No. *5938*

P. O. Address *Kansas City, 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.