

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26966  
3375  
Registrar's No.

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>103 Ward Parkway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 Ward Parkway</u>		d. STREET ADDRESS (If rural, give location) <u>103 Ward Parkway</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Matilda</u> b. (Middle) <u>R.</u> c. (Last) <u>MANDELBAUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 3 1949</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept. 15 1875</u>
9. AGE (In years last birthday) <u>73</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Leavenworth Kansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jesse Roach</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE NEGBAUR</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob Mandelbaum</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robt. D. Mann 422 W 61st</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerotic Heart Disease 6 mos</u> DUE TO (c) <u>Coronary Thrombosis 6 mos</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)	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>Jan 1948</u> , to <u>Aug 3, 1949</u> , that I last saw the deceased alive on <u>Aug 3, 1949</u> , and that death occurred at <u>8:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jack W. Wolf</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>206 Regent Bldg Kansas City, Mo</u>	23c. DATE SIGNED <u>Aug 5, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/7/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>15-B Mo</u>
DATE REC'D BY LOCAL REG. <u>8-5-49</u>	REGISTRAR'S SIGNATURE <u>Staldina Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carol Davidson 3024 7th st</u>	

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

---

---

**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

*Julian T. Dowden*

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.