

FILED OCT 11 1952

STANDARD CERTIFICATE OF DEATH

State File No. 31755
4148

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

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. LENGTH OF STAY (in this place) 7 yrs. | |
| c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | d. STREET ADDRESS (If rural, give location) 203 West 34th St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Allen b. (Middle) E. c. (Last) Mentor. | | 4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 52 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 26 1923 |
| 9. AGE (in years last birthday) 29 | | 10. CITIZEN OF WHAT COUNTRY? U.S.A | |
| 11. BIRTHPLACE (City and State or Foreign Country) Cleveland Ohio | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |
| 13a. FATHER'S NAME Sam Mentor | | 13b. MOTHER'S MAIDEN NAME Lillian Benis | |
| 14. NAME OF HUSBAND OR WIFE Mary Mentor | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.2 | | 16. SOCIAL SECURITY NO. NONE | |
| 17. INFORMANT'S SIGNATURE OR NAME Mary Mentor | | ADDRESS 203 West 34th St. K.C. Mo. | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Polio myelitis, Bulbar INTERVAL BETWEEN ONSET AND DEATH 4 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 08 | |
| 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>Aug 30</u> , 1952, to <u>Sept 19</u> , 1952, that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>Sept 19, 1952</u> , and that death occurred at <u>12:15 pm.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Jack W. Wolf | | 23b. ADDRESS 206 Angyle Hwy Kansas City, Mo | |
| 23c. DATE SIGNED Sept 21-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sept. 22, 1952 | |
| 24c. NAME OF CEMETERY OR CREMATORY Sheffield Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| DATE REC'D BY LOCAL REG. 9-21-52 | | REGISTRAR'S SIGNATURE Heraldine Holmes | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Louis Funeral Home | | ADDRESS K.C. Mo. | |

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

44-2713

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 _____

not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Guy Buffington*
Licensed Embalmer No. *2756*

P. O. Address *N. C. 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.