

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31894**

FILED OCT 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4487

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>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>49 yrs.</u>  |  | d. STREET ADDRESS (If rural, give location) <u>300 E. Armour</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp.</u>                                    |  |   |  |

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|--|---------------------------|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Ben</u> b. (Middle) _____ c. (Last) <u>Mandelkehr</u> |                           | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-53</u>                  |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>6-26-04</u>  |
| 9. AGE (In years last birthday) <u>49</u>  |                           | 10. KIND OF BUSINESS OR INDUSTRY <u>Tavern Owner</u>                  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                |                           | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                            |  |

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|---|--|--|
| 13a. FATHER'S NAME <u>Israel Mandelkehr</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Greenfeder</u> | 14. NAME OF HUSBAND OR WIFE <u>Dee</u> |
|---|--|--|

|  |  |   |                     |
|--|--|---|---------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>487-05-7267</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dee Connell Mandelkehr</u> | ADDRESS <u>Home</u> |
|--|--|---|---------------------|

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|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured ribs, fractured antlers</u>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>let to 8th on Sept 11 to 7th on 12</u><br>DUE TO (c) <u>Rt. Fractured Hip Pelvis</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Ret. Fractured + Med. Asthma Remedy</u>   |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |  | <u>88234</u>                     |

|  |   |   |
|--|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>       | 21b. PLACE OF INJURY (e.g., in or about home, store, factory, street, office bldg., etc.) <u>Street</u>           | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-14-53</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>One Car Collision Tree</u>                      |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |                                     |  |
|---|-------------------------------------|--|
| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)                 | 23b. ADDRESS <u>1034 Piatt Bldg</u> | 23c. DATE SIGNED <u>9-15-53</u>                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>               | 24b. DATE <u>9-16-53</u>            | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |                                     |  |

|   |   |  |                           |
|---|---|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>9-15-53</u> | REGISTRAR'S SIGNATURE <u>Steldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funeral Home</u> | ADDRESS <u>K. C., Mo.</u> |
|---|---|--|---------------------------|

(Licensed Embalmer's Statement on Reverse Side)

WRITES PLAINLY—USING UNFAADING 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 Ray Ruffington  
Licensed Embalmer No 2726

P. O. Address N. C. 740

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.