S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13309

FILED MAY 6 1943

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 1945

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-17-43 - 4-23-43 (Specify whether
In this community 3-17-43 - 4-23-43 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town R.R. 2 K.C. Mo
(If outside city or town limits, write "RURAL")

(d) Street No. ____
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Mrs Hazel JoAnn ~~Mingle~~ Mengel

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alvin Lee

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased May 12 1918 (Month) (Day) (Year)

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

9. Birthplace Bonner Sprs. Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

12. Name Chas. E. Wolfe

13. Birthplace Perry Ks. (City, town, or county) (State or foreign country)

14. Maiden name Leona Johnson

15. Birthplace DeSota Ks (City, town, or county) (State or foreign country)

16. (a) Informant Alvin Lee ~~Mingle~~ Mengle

(b) Address K.C. Mo RR#2

17. (a) ~~Burial~~ (~~Burial, cremation, or removal~~) (b) Date thereof 4/26/43 (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Ks

18. (a) Signature of funeral director Simmons & Horne

(b) Address K.C. Ks.

19. (a) 4/25/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1943 hour 4:55 pm minute ____ M.

21. I hereby certify that I attended the deceased from March 17-1943, 19__, to Apr 23, 1943, that I last saw her alive on Apr 23, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: asphxia	37 da
Due to Open gas grate (burning) in closed room	
Due to ~~G~~ Necrosis of lungs	10 da
Other conditions no (Include pregnancy within 3 months of death)	

178

Major findings:
Of operations ~ 14
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) Accident 048
(b) Date of occurrence March 17. 1943
(c) Where did injury occur? Home R.R. 2 KC Mo (Co. Jackson) (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury ____

23. Signature F B Wallace (M. D. ~~or other~~)
Address 703 Lathrop Bldg Date signed 4/24/43

(Licensed Embalmer's Statement on Reverse Side) KC Mo.

361

A B Wallace
10th & Brand

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. H Simmons

Licensed Embalmer No. 3903

P. O. Address. K C K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 13367

Local Registrar's No. 1945

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of Feb., 1948, before me appears Alvin Lee Mengel, who, upon his oath, states that the original record of ~~birth~~ death for Hazel Joann Mingle, died ~~born~~ April 23, 1943, in the State of Missouri, and which was filed at Kansas City on 4-25, 1943, should be corrected as follows:

Item No. 3 should read Hazel Joann Mengel
Instead of " " Mingle

Item No. 16 should read Alvin Lee Mengel
Instead of Alvin Lee Mingle

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Alvin L. Mengel Husband
Relationship.

St James Hotel 10th & Locust
Present Address.

Subscribed and sworn to before me this 10 day of February, 1948

My Commission expires Oct. 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667