S. No. 2
OM—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. F30604

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3892

1. PLACE OF DEATH:
(a) County Jackson City
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conley Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs. (Specify whether years, months or days)
In this community 8 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2900 W. 44th Ave (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Mabel Alice Bechtle
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~~ Fred L. Bechtle
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Jan. (Month) 10 (Day) 1885 (Year)

8. AGE: Years 58 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)
10. Usual occupation At home
11. Industry or business —
MOTHER FATHER
12. Name James Mannagomith
13. Birthplace — (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant Fred L. Bechtle
(b) Address 2900 W. 44th Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope
18. (a) Signature of funeral director J. Harrison
(b) Address 11 E. 12
19. (a) 9-10-43 (Date received by local registrar) (b) M. E. Brown Reg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8 year 1943 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Sept 8, 1943, 19..., to Sept 8, 1943, 19..., that I last saw her alive on Sept 8, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Shock due to perforation of duodenum — Duration 2 days.
Due to Cancer of pancreas
Due to Hog
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations cancer of pancreas c perforation into duodenum
Of autopsy cancer of pancreas c perforation into duodenum

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature T. W. Thompson (M. D. or other) M.D.
Address 720 Bryant Bldg Date signed 9/8/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3137

P. O. Address K. C. K.

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.