

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

FILED MAY 5 1944
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1785

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(c) Name of hospital or institution:
1904 East 31st. Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 9 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(d) Street No. 1904 East 31st. Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George R. DAHLEM
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva I. Dahlem
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased October 9th, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 13
If less than one day hr. min.

9. Birthplace Nebraska /
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name Matthias Dohlem
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Schmitz
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Eva I. Dohlem
(b) Address 1904 East 31st. Street
17. (a) Removal (b) Date thereof 4/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eldorado, Kansas

18. (a) Signature of funeral director Melody-McGilley
(b) Address K. C. Mo.
19. (a) 4-23-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22nd
year 1944 hour 4:00 minute 0 P. M.
21. I hereby certify that I attended the deceased from April 6, 1944 to April 22, 1944
that I last saw him alive on April 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 17 days
Due to arterio-sclerosis
Due to _____

Other conditions Carcinoma of Prostate
(Include pregnancy within 3 months of death)
Major findings: Of operations 5/8
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) _____
(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?
While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature Robert Jansen M.D. (M. D. or other) _____
Address 2220 E 31st St Date signed 4-23-44

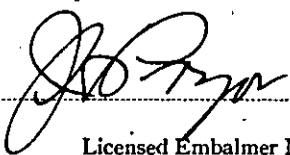
Dr Jansen 6144 Cherry

6144 Cherry
Jansen

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. 2999

P. O. Address..... 150

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.