

No. 2  
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-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20947  
Registrar's No. 2479

Registration District No. 147 Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution: MENORAH HOSPITAL 0  
(d) Length of stay: In hospital or institution 1 MONTH  
In this community 28 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County JACKSON 48  
(c) City or town KANSAS CITY 3  
(d) Street No. 813 WHEELING AVENUE 8  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MRS. BELLE GAHR  
(b) If veteran, name war No  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JUNE day 3<sup>RD</sup>  
year 1947 hour 9 minute 20 P. M.

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife MR. GEORGE GAHR  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased OCTOBER 25 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 1947 to June 3 1947  
that I last saw her alive on June 3 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Bronchopneumonia  
Duration 2 days

8. AGE: Years 69 Months 7 Days 28 hr. min.

Due to Fracture left Femur

9. Birthplace McDONALD PENNSYLVANIA  
(City, town, or county) (State or foreign country)

Other conditions Atherosclerotic Heart Disease

10. Usual occupation OWNER OF CONVALESCENT HOME  
11. Industry or business 813 WHEELING AVENUE

Major findings: Of operations 1918  
Of autopsy

12. Name JOHN KAESS 4

PHYSICIAN

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

14. Maiden name UNKNOWN 4  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Gaehr  
(b) Address 813 Wheeling, K.C. Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 123  
(b) Date of occurrence May 4, 1947

17. (a) BURIAL (b) Date thereof JUNE 6 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? Kansas City, Jackson Co.  
(City or town) (County) (State)

(c) Place: burial or cremation FOREST HILL CEMETERY

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At Roanoke Nursing Home 3668 Summit

18. (a) Signature of funeral director W. H. Newcomer Jones  
(b) Address 1401 BRUSH CREEK BLVD.

While at work no (e) Means of injury Fall out of bed and broke left femur

19. (a) Co-6-47 (b) Gladeline Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature Jack W. Way (M. D. or other) 410  
Address 206 Apple St. Date signed June 4, 47

**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 *James Dew*

Licensed Embalmer No. 4453

P. O. Address *Haver City*

**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.**