

No. 2
5-43
17-39
X36871

FILED MAR 1 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 757

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4933 Lawn 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frank Mumau

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Fidelia Mumau 6. (c) Age of husband or wife if alive 1875 years
7. Birth date of deceased Oct - 3 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 14 hr. min.

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

10. Usual occupation Custodian

11. Industry or business General Hosp. K.C. Mo.

12. Name Benjamin Edward Mumau

13. Birthplace Pa - 1 (City, town, or county) (State or foreign country)

14. Maiden name Margaret A. Nicavanger

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

16. (a) Informant Ben Mumau

(b) Address 4933 Lawn

17. (a) Burial (b) Date thereof Feb - 19 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fidelia Hosp. Care

18. (a) Signature of funeral director Wm C R Joster

(b) Address 718 Brooklyn

19. (a) 2-19-48 (b) Dr. J. H. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th
year 1948 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2-13-48 to 2-17-48
that I last saw him alive on 2-17-48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g30

Of autopsy None

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 Wm C R Joster (M. D. or other) Dr

Address 718 Brooklyn K.C. Mo. signed

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

MOTHER FATHER

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 Jerry A. Minor

Licensed Embalmer No. 4496

P.O. Address 918 Brooklyn, K.C. Mo.

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.