

FILED DEC 17 1949 STANDARD CERTIFICATE OF DEATH

State File No. **41370**
5177

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital				d. STREET ADDRESS (If rural, give location) 717 East 62nd Street			
3. NAME OF DECEASED (Type or Print) a. (First) Julius			b. (Middle) Isaac		c. (Last) Windmuller		4. DATE OF DEATH (Month) (Day) (Year) 12 5 49
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 12-30-1890		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesaler		10b. KIND OF BUSINESS OR INDUSTRY Self Drugs.		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Sally Windmuller			13b. MOTHER'S MAIDEN NAME Beate Windmuller		14. NAME OF HUSBAND OR WIFE Beate		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beate Windmuller-717 E. 62nd St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 40				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/4/49 to 12/5/49 , that I last saw the deceased alive on 12/4/49 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Rob. Uhlmann M.D.				23b. ADDRESS 1217 E. 62nd St.		23c. DATE SIGNED 12/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 122-6-1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 12-6-49				REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.P. Louis Funeral Home K.C. Mo.	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Grey Buffington.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2756.....

P. O. Address 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.