

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16837

1. PLACE OF DEATH

County Jackson

Registration District No. 1002

Township Kennett

Primary Registration District No. 1002

City Kennett, Mo. (No. 516 Park)

Home

St. _____ Ward _____

File No. _____

Registered No. 2200

2. FULL NAME

John Joseph Eichinger

(a) Residence No. 516 Park St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ardena B

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis

13. NAME Robert R. Eichinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis

15. MAIDEN NAME Mary Lynch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Geo. Eichinger (ADDRESS) No 422 No 106

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE May 18, 1934

19. UNDERTAKER Morton & Co (ADDRESS) No. 4 Kansas City, Mo

20. FILED May 18, 1934 M. M. Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 .1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 1934, to May 14 1934

I last saw him alive on May 16 1934. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Branch pneumonia May 12/1934
apoplexy cert. pneumonia May 16/1934

Name of operation _____ Date of _____
What test confirmed diagnosis? Chem. Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____
(Signed) W. S. Sigmond, M. D.
(Address) Mrs. A. Kerns at home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 19 1934

