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.

DEC 18 1934

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

Do not use this space.

39592

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 4305 Benton Blvd St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 51.3

2. FULL NAME Henry Louis Eichenauer
(a) Residence, No. 4305 Benton Blvd. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 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 Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Kathryn Eichenauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Post Office
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

FATHER
13. NAME John Eichenauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Margaret
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Kathryn Eichenauer 4305 Benton Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Nov. 27 1934

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons Kansas City Mo.

20. FILED 11-25 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931, to Nov 24 1934
I last saw him alive on Nov 1 1934. Death is said to have occurred on the date stated above, at 11:15 A.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 11-24

Other contributory causes of importance: Chronic Interstitial Nefh - Hypertension

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? NO

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? NO
If so, specify ✓
(Signed) Ralph Perry M.D., M. D.
(Address) 4800 E 24