

REC'D AUG 8 1938

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

24131

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2636  
 (c) City Kansas City (d) Street No. 405 S. Montgall. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Thomas Joseph ECKER. 260  
 (a) Residence, No. 405 S. Montgall. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12. 1930</u>		
7. AGE <u>8</u>	YEARS <u>1</u>	MONTHS <u>17</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		IF LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K.C. Missouri</u>		
13. NAME <u>Joseph T. Ecker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Omaha, Nebraska</u>		
15. MAIDEN NAME <u>Helen Marie Galvin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K. C. Missouri</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Helen M. Ecker</u> <u>405 S. Montgall, K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>7/1/38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Melody-McGilley.</u> <u>K. C. Mo.</u>		
20. FILED <u>7-2-38</u> <u>M. M. Cravens</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to 6-29-, 1938  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:55p m.  
 The principal cause of death and related causes of importance were as follows:  
malnutrition 34  
cerebro-spinal fever  
congenital

Other contributory causes of importance:  
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?  
 If so, specify \_\_\_\_\_  
 (Signed) L. G. Potter, M. D.  
774 Perry Ave

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X12004

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.

6904 Valley Rd.  
Vi. 7275  
Dr. Patten.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**