

REC'D SEP 19 1938

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

28140
Do not use this space.

1. PLACE OF DEATH
 (a) County HACKSON Registration District No. 399
 (b) Township RAWO Primary Registration District No. 1002 Registered No. 99
 (c) City KANSAS CITY (d) Street No. Castside Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES EDWARD ECKERMAN 265
 (a) Residence, No. 4911 E-27th St 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as an lawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Kansas City Mo

FATHER
 13. NAME Walter Schwitterz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tripp County South Dakota

MOTHER
 15. MAIDEN NAME Anne Eckerman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tripp County South Dakota

17. INFORMANT (ADDRESS) J E Caranagh 4911 E 27th

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenlawn DATE Aug 17, 1938

19. FUNERAL DIRECTOR (ADDRESS) J G Thurgan 2512 Holmes St

20. FILED Aug 17, 1938 Dr. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1938

22. I HEREBY CERTIFY, That attended deceased from Aug 13, 1938 to Aug 13, 1938
 I last saw None alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Stillborn
Asphyxia Neonatorum
 Date of onset _____

Other contributory causes of importance:
Impacted Breech

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____
 (Signed) J E Caranagh
 (Address) Castside Hospital 4911 E 27th St

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

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.

K.C. Mo

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.)