

WRITE PLAINLY, 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.

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

24466  
Do not use this space.

REC'D AUG 7 1939

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 395  
 (b) Township Raw Primary Registration District No. 1002 Registered No. 2679  
 (c) City Kansas City, Mo. (d) Street No. St. Joseph's 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. 263 Eckhardt, Henry St.   
R.F. D. Clinton, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1871  
 7. AGE YEARS 68 MONTHS 0 DAYS 12 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 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) Henry County, Missouri

FATHER 13. NAME Lewis Eckhardt 6  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

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

17. INFORMANT (ADDRESS) Theodore Eckhardt, Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stark's Chapel DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Spaul's Son, Clinton, Mo.

20. FILED July 4, 1939 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1939

22. I HEREBY CERTIFY that I attended deceased from July 1, 1939 to July 4, 1939  
 I last saw him alive on July 4, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

(1) Thrombosis superior Vena Cava and above veins  
 (2) Pulmonary abscess  
 Other contributory causes of importance: Prostatic right femur

Name of operation Pulmonary for abscess Date of 7/1/39  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Accid. Date of injury 7-1-1939  
 Where did injury occur? Henry County, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home  
 Manner of injury Fall from ladder  
 Nature of injury Fracture femur

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify No  
 (Signed) John M. Brown M. D.  
 (Address) 726 Englewood, Clinton, Mo.

*July*  
1937 7 34 1939  
1871 6 22 1871  

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68 0 12

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Loren Anderson*

Licensed Embalmer No. *3641*

P. O. Address.....

**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, above space should be left blank.**