

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **27774**
Registrar's No. **3408**Registration District No. **399**Primary Registration District No. **1002**

I. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Luke's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 1/2 days**
 In this community **About 51 years** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **George H. Eib**8. (b) If veteran, name war **World War** 3. (c) Social Security No. **None**4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Single**6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years7. Birth date of deceased **Sept. 30 1888**
(Month) (Day) (Year)8. AGE: Years **51** Months **10** Days **29** If less than one day hr. min.9. Birthplace **Jackson County, Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Florist**11. Industry or business **Rock Florist Company**12. Name **Jacob Eib**13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)14. Maiden name **Elizabeth Stump**15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)16. (a) Informant **Harry Eib**(b) Address **6225 Tracy**17. (a) **burial** (b) Date thereof **Aug 31 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Memorial Park**18. (a) Signature of funeral director **R. V. Lindsey & Sons**(b) Address **3811 Broadway**19. (a) **Aug. 30, 1940** (b) **m. m. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1113 East 59th Street**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **29th**
year **19 40** hour **10:10** minute **A.M.** M.21. I hereby certify that I attended the deceased from **Aug 27 1940**, 19 **40**, to **Aug 29 1940**, 19 **40** that I last saw him alive on **Aug 27 1940** and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Peritonitis
 Due to **mesenteric thrombosis resulting in necrosis**
 Due to **9.60 cm. & small bowel**
 Other conditions **99%**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **Nerves 9.60 cm & small bowel (tumors)**
 Of autopsy **Gen. peritonitis**
Calcified TB. Mesenteric lymph nodes

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **mesenteric thrombosis**
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. S. Soderberg** (M. D. or other) _____
Address **1316 East 11th** Date signed **Aug 30 1940**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*D.M.B. Bookkeeping
Preparatory Book
2-4
11th Street*

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 *Roscoe Wheeler*

Licensed Embalmer No *3738*

P. O. Address *R.C. [unclear]*

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.