V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34515

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4031

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K. C. Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days) In this community (1) One year

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. 611 W 32nd (If rural, give location)
(e) If foreign born, how long in U. S. A.? (3) Three years years.

3. (a) PRINT FULL NAME: JULIUS ESCHENHEIMER
3. (b) If veteran, name war:
3. (c) Social Security No. 397-05-8777
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bertha Eschenheimer
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: August (Month) 15 (Day) 1895 (Year)
8. AGE: Years 45 Months 1 Days 25 If less than one day hr. min.
9. Birthplace: Esch (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Butcher
11. Industry or business:
FATHER 12. Name: Gustav Eschenheimer
FATHER 13. Birthplace: Esch (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Jenette Goldschmidt
MOTHER 15. Birthplace: Dinslaken (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Ludwig Eschenheimer
(b) Address: 715 West 38th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: Carroll-Davidson
(b) Address: 30 W 4 Noort Avenue
19. (a) 10-21-40 (Date received local registrar) (b) M. M. Orome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month X/20/40 Day year hour minute M.
21. I hereby certify that I attended the deceased from July 1940 19 to X/20/40 19; that I last saw h. (m) alive on X/10/40 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Ca of colon — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 46
Major findings: Of operations: Ca of colon. Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: L. Rol [illegible] (M. D. or other)
Address: Bryant Ohio Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Jack M. Lyons, Registered Apprentice No. ....., working under my personal supervision.

Signed Julian K. Davidson

Licensed Embalmer No. 1168

P. O. Address 3024 Trust

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.