

No. 2
4-12-40
5-17-39
PI X23158

JAN 24 1942

Registration District No. 399

Primary Registration District No. 100

Registrar's No. 4626

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 2916 E - 28th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 40 yrs 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank S. Eby

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race w

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Eby 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May 18 - 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Pa
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business _____

12. Name J. R. Eby

13. Birthplace Pa
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Whitting

15. Birthplace Pa
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Eby

(b) Address 2916 E - 28th

17. (a) Burial (b) Date thereof Dec 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chinwood Cem

18. (a) Signature of funeral director M. R. Foster

(b) Address 915 Broadway

19. (a) Dec. 13 1941 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁰⁴⁸

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2916 E - 28th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1941 hour 8:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from April 7 to Dec 12, 1941
that I last saw her alive on Dec 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration 10 mo.

Due to _____

Due to _____

Other conditions Ascites & Odema
(Include pregnancy within 3 months of death)

Major findings: Of operations g. d.

Of autopsy none

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? _____

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature John L. Lapp (M. D. or other) M.D.

Address 1304 Professional Bldg Date signed 12/12/41

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

48
86

281

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2570

P. O. Address Kansas City

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, fact should be so stated above: