

1. PLACE OF DEATH: Jackson  
 (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: Research Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution About 1 day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Independence  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1607 Arlington  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 1

3. (a) PRINT FULL NAME Mrs. Helen A. Eysell  
 3. (b) If veteran, name war XX  
 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Fred Eysell 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased August 15 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>18</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Heinrich Schoenfeld

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

14. Maiden name Caroline Louise Rathert

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

16. (a) Informant Henry Eysell

(b) Address 1607 Arlington, Indep. Mo.

17. (a) Burial (b) Date thereof 1-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director J. M. Maguire  
 (b) Address Kansas City, Mo.

19. (a) 1-5-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 3rd  
 year 1942 hour 10 minute 5 P.M.

21. I hereby certify that I attended the deceased from Nov. 7 1941 to Jan. 3 1942  
 that I last saw her alive on Jan. 2 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct  
 Duration 10 days

Due to Coronary Sclerosis 2 years

Due to Hypertension ? years

Other conditions HTA  
(Include pregnancy within 3 months of death)

Major findings: HTA  
 Of operations 94a  
 Of autopsy as above  
 PHYSICIAN 94a  
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)

23. Signature Ray C. Lapp (M. D. or other) MD  
 Address 1103 9th Date signed 1.5.42

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

1314  
VI-9335

**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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Mo.

**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.**