

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5309
State File No. 407
Registrar's No.

LED MAR 9 1942 399
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Childrens Mercy Hospital
(d) Length of stay: In hospital or institution 12 days
In this community 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City, Kansas
(d) Street No. 924 South Seventh
(e) Citizen of foreign country? (Yes or No) No
If yes, name country _____

3. (a) PRINT FULL NAME David Louis Eads
(b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 2
year 1942 hour 12 minute 45 P.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 2, 1941

21. I hereby certify that I attended the deceased from Jan 22, 1942 to Feb 2, 1942
that I last saw h.f. alive on Feb 2, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 2 Days 0
If less than one day _____ hr. _____ min.

Immediate cause of death: Marasmus
Due to: hypertrophic pyloric stenosis

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

Other conditions 18y 12m pyloric stenosis
(Include pregnancy within 3 months of death)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name David H. Eads
13. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary M. Manis
15. Birthplace Warrensburg Missouri
(City, town, or county) (State or foreign country)

Major findings: 157g
Of operations _____
Of autopsy same
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant David H. Eads
(b) Address 924 South Seventh St., K.C.K.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof 2/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem., K.C.K.

18. (a) Signature of funeral director Charles R. Long
(b) Address Kansas City, Kansas

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature W. S. Soderberg (M. D. or other) _____
Address 1315 Prof. Date signed Feb 2-42

19. (a) 2-3-42 (b) M. M. Crane
(Data received local registrar) (Registrar's signature)

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

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.....

Chas. H. Rider

Licensed Embalmer No.....

3404

P. O. Address.....

703 N. 10th KC, 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.