

S. No. 2
-1-4-41
5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5315

State File No. _____
Registrar's No. 510

Registration District No. 299

Primary Registration District No. 1002

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

1. 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:
6800 Prospect Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. -----
(Specify whether
In this community 25 years
years, months or days)

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. 6800 Prospect Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Myrtle Irene Ocker Egbert
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 4th
year 1942 hour 6 minute 30A M.M.
21. I hereby certify that I attended the deceased from JAN 1938 to FEB 4 1942
that I last saw her alive on FEB 4 1942
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Charles W. Egbert 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased. April 22 1881
(Month) (Day) (Year)

Immediate cause of death MALIGNANT HYPERTENSION
CHR. NEPHRITIS WITH (D)GMA
Due to 131B
Due to _____

8. AGE: Years Months Days If less than one day
60 9 12 12 hr. min.

Other conditions CORONARY THROMBOSIS WITH HEART BLOCK
(Include pregnancy within 3 months of death) HEART BLOCK

9. Birthplace Lincoln / Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation None
11. Industry or business At Home

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

MOTHER FATHER { 12. Name Mathias Brown Ocker
13. Birthplace Unknown / Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie J. Dewalt
15. Birthplace Perry County / Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant C. H. Egbert
(b) Address 6800 Prospect
17. (a) Burial (b) Date thereof Feb. 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Moriah Cemetery

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? _____

18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 2-5-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature A. C. Lintzow (M. D. or other) M. D.
Address 6844 Prospect Date signed FEB

Dr. Quintgard
6944 Progs
1-7-7-9

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 *Emile M. Calhoun*
Licensed Embalmer No. *3506*
P. O. Address *R. E. 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.