

Registration District No. **13429**

Primary Registration District No. **1002**

48
896
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Joseph Hospital.**
(If not in hospital or institution, write street number or location) **0**

(d) Length of stay: In hospital or institution **1 Month**
(Specify whether years, months or days) **18 Yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 048**

(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL") **3**

(d) Street No. **6164 Kenwood**
(If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country. **0**

3. (a) PRINTED FULL NAME **Earl E. EICHHORN**

3. (b) If veteran, name war **World War (Navy)** 3. (c) Social Security **487-05-3302**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bertha M. Eichhorn** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **October 4th 1892**
(Month) (Day) (Year)

8. AGE: Years **49** Months **6** Days **4** If less than one day hr. min.

9. Birthplace **Atlantic Iowa 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Remington Arms Co.**

MOTHER FATHER {

12. Name **Edwin Eichhorn.**

13. Birthplace **Unknown Pennsylvania**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertha Eichhorn**

(b) Address **6164 Kenwood Ave (CITY)**

17. (a) **Burial** (b) Date thereof **4/11/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Melody McGilley**

(b) Address **K. C. Mo.**

19. (a) **4-10-42** (b) **M. M. Brown**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8th**
year **1942** hour **12 NOON** minute M.

21. I hereby certify that I attended the deceased from **3-1-42**
1942 to **4-8-42**, 19**42**

that I last saw **him** alive on **4-8-42**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Breach pneumonia** **2 weeks**

Due to **Myocardial degeneration** **2 weeks**

Due to **Saba pneumonia** **4 weeks**

Other conditions **10X** **Paronychia**

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations **none**

Of autopsy **Autopsy -**

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? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **John T. Shuman** (M. D. or other) **0 M.D.**
Address **1462 Bryant Bldg. K.C. Mo.** Date signed **4-10-42**

APR 28 1944



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.....

Licensed Embalmer, to.....

2229
KS

P. O. Address.....

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.