

No. 2
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5-17-39
P-1 X23150

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16933

State File No.

Registrar's No. 2229

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH
 (a) County Jackson
Kansas City, Missouri
 (b) City or town
 (c) General Delivery
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: 12 days
 In this community 49 minutes
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Louisiana (b) County 999
Denham Springs
 (c) City or town 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. General Delivery
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Eckenrode, Harry Cletus, 34234810

3. (b) If veteran, No name war. No. 194-01-3313

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 15 1906
 7. Birth date of deceased January (Month) 15 (Day) 1906 (Year)

8. AGE: Years 36 Months 4 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Camden New Jersey /
 (City, town, or county) (State or foreign country)

10. Usual occupation Soldier U.S. Army
 (City, town, or county) (State or foreign country)

11. Industry or business (Unknown)

12. Name Williamsport Pa., U.S.A. /
 (City, town, or county) (State or foreign country)

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

14. Maiden name Doylestown Pa., U.S.A. /
 (City, town, or county) (State or foreign country)

15. Birthplace Army Service Record
 (City, town, or county) (State or foreign country)

16. (a) Informant K. G. Mo
 (b) Address Removal
 (Barial, cremation, or removal)

17. (a) Removal (b) Date thereof 6/7/42
 (Month) (Day) (Year)

18. (a) Signature of funeral director J. G. Davis
 (b) Address Denham Springs, La

19. (a) 6/7/42 (b) M. H. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 Day 7 Year 1942 hour 7:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____ to _____
Coroner

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Subdural and subarachnoid hemorrhage.

Due to Laceration of brain and laceration of Circle of Willis

Due to Contusions and abrasions of the head

Other conditions 186w
 (Include pregnancy within 3 months of death) 10

Major findings: Of operations 10

Of autopsy See above

22. If death was due to external causes, fill in the following: accident 123

(a) Accident, suicide, or homicide, (specify) 6-7-42

(b) Date of occurrence 9th & Main, Kansas City, Mo.

(c) Where did injury occur? In hotel
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? Health (Specify type of place) (e) Means of injury 9

23. Signature C. G. Brown (M. D. or other) 6-7-42
 Address Kansas City, Mo. Date signed

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

00200

341

(Licensed Embalmer's Statement on Reverse Side)

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 No.....

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.