

S. No. 2  
M-9-4-41  
V. 5-17-39  
I X29484

23356

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

FILED JUL 21 1942

Registration District No. 399

Primary Registration District No. 1002

2737

48  
3  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(c) Name of hospital or institution: 1615 Central  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 70 years.  
In this community 70 years.  
years, months or days (Specify whether)

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. 1615 Central street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Cecile Eddy

3. (b) If veteran, name war - 3. (c) Social Security No. none

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 1872 years  
7. Birth date of deceased May 25th  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Edwin Eddy  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Carrie Bledsoe  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin Arnold  
(b) Address 1715 East 59th street K.C.Mo.

17. (a) Burial (b) Date thereof July 18th 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address 918 Brooklyn ave.

19. (a) 7-18-42 (b) M. M. Crowne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1942 hour 12 minute 30 a.m.  
21. I hereby certify that I attended the deceased from Nov 1937  
19... to present 1940  
that I last saw her alive on 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Parkinson disease  
Duration

Due to pericranial encephalitis??  
Due to 93 D  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
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 Hubert Grant (M. D. or other)  
Address C. B. Brady Bldg Date signed 7-17-42

361

Dr. Herbert Mantz  
Proff Bldg. Vic 0840

618

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address K 6 2nd

**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.**