

FILED SEP 3 1942
49

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County... JACKSON
(b) City or town... KANSAS CITY
(c) Name of hospital or institution: MENORAH O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 29 days
In this community... 40 years 9 months 13 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... JACKSON
(c) City or town... KANSAS CITY
(d) Street No... 3125 OLIVE
(e) Citizen of foreign country? No
If yes, name country...

3. (a) PRINT FULL NAME... Eichenwald, Benjamin

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

4. Sex... male
5. Color or race... white
6. (a) Single, widowed, married, divorced... married

6. (b) Name of husband or wife... ESTHER
6. (c) Age of husband or wife if alive... 51 years

7. Birth date of deceased... Oct 25, 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 26
If less than one day hr. min.

9. Birthplace... RUSSIA 6
(City, town, or county) (State or foreign country)

10. Usual occupation... Grocer

11. Industry or business... Self

12. Name... BERNARD BENJAMIN EICHENWALD
13. Birthplace... RUSSIA 6
(City, town, or county) (State or foreign country)

14. Maiden name... Not known

15. Birthplace... Not known
(City, town, or county) (State or foreign country)

16. (a) Informant... Sidney Eichenwald
(b) Address... K. C. Mo

17. (a) Burial (b) Date thereof... 8-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Sheffield Cem.

18. (a) Signature of funeral director... J.P. LOUIS FUNERAL HOME
(b) Address... 3400 WOODLAND AVE

19. (a) 8-23-42 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Aug day... 21
year... 1942 hour... 3 minute... 30 P.M.

21. I hereby certify that I attended the deceased from... July 13, 1942 to Aug 21, 1942
that I last saw him alive on... Aug 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary occlusion
Due to... Part operative debility
Due to... Prosthetic surgery
Other conditions... B.T.A.
(Include pregnancy within 3 months of death)

Major findings: Prosthetic Hypertrophy
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? ...
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ...
(Specify type of place) (a) Means of injury ...
23. Signature... (M. D. or other) ...
Address... 505 Professional Bldg Date signed... 8-22-42

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

MOTHER FATHER

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.