

S. No. 2
M-5-42
7. 5-17-39
I - X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39659

State File No. _____

Registrar's No. 4751

FILED DEC 31 1942

Registration District No. 47

Primary Registration District No. 1002

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:
4001 College 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 20 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. 4001 College Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Henry Nelson Ecton

3. (b) If veteran, name None 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 Mrs. Rosa Moore Ecton 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 3 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 15 _____ hr. _____ min.

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

10. Usual occupation Druggist

11. Industry or business Ecton's Pharmacy, 3855 Woodland

12. Name Obijah Ecton

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

14. Maiden name Hall

15. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosa Moore Ecton

(b) Address 4001 College Avenue

17. (a) Burial (b) Date thereof Dec. 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Missouri

18. (a) Signature of funeral director A. H. Newcomer, Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) 12/20/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1942 hour 3 minute 30P. M.

21. I hereby certify that I attended the deceased from Dec. 9, 1939
to Dec. 18, 1942
that I last saw him alive on Dec. 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Due to retinal hemorrhage
Chr. Nephritis & Catarrhitis

Other conditions 1310
(Include pregnancy within 3 months of death)

22. Major findings:
Of operations _____
Of 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? _____

23. Signature E. G. Wyckoff (M.D. or other) _____
Address Grandview mo. Date signed 12-19-42

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

Grandview, Missouri

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: *Elmer Thomas*
Licensed Embalmer No. *2640*
P. O. Address: *Kansas City*

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.