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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13148

State File No.

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 1789

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: 4218 Woodland Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 58 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City Mo. 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4218 Woodland Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frank EHRENREICH

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 Mary Ehrenreich

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April (Month) 7th, (Day) 1866 (Year)

8. AGE: Years 77 Months 0 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Retired Baker.

11. Industry or business

FATHER
12. Name Frank Ehrenreich
13. Birthplace (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Anna Dorner
15. Birthplace (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Mrs. Mary Ehrenreich
(b) Address 4218 Woodland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's.

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) 4/15/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th, year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 5 1943, to Apr 12 1943 that I last saw him alive on Apr 12 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	1 day
Due to Chronic nephritis	10 yrs
Due to Chronic myocarditis	12 "
Other conditions (Include pregnancy within 3 months of death)	

131 b

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Clyde Swipper (M. D. or others)
Address 636 Ryle Bldg KC Mo Date signed 4-14-43

(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.