

V. S. No. 2  
100M-2-43  
Revised 5-17-39  
X35203

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

30592

3817

Registrar's No.

FILED SEP 21 1943 149  
Registration District No.

Primary Registration District No. 1002

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

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:  
4117 Olive Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Andy J. Eby

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 Mrs. Ninnie K. Eby 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 28 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 4 hr. min.

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

10. Usual occupation Banker - Retired

11. Industry or business Holt, Missouri

12. Name Amos Eby

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Ruthina Cravens

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ninnie K. Eby

(b) Address 4117 Olive Street

17. (a) Burial (b) Date thereof Sept. 4, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-4-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 4117 Olive Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2nd  
year 1943 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from May, 1942 to Sept 2, 1943

that I last saw him alive on Sept 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death  
General atherosclerosis  
Arteriosclerotic heart disease  
Benign Hypertrophy of the prostate

Due to 93d  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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 D. E. Brown (M. D. or other) \_\_\_\_\_  
Address Woodrow Bldg Date signed 9-2-43

1-4  
1500 02 professional Body

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 *Emile M. Colhoun*.....

Licensed Embalmer No. *3506*.....

P. O. Address *Kemo*.....

**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.**