

FILED FEB 8 1944

Registration District No. **149**Primary Registration District No. **1002**Registrar's No. **277**

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 days**
(Specify whether
 In this community **2 years**
years, months or days)

3. (a) PRINT FULL NAME

Wm. C. Eckstein3. (b) If veteran,
name war **No**3. (c) Social Security
No. **Retired**4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married,
2 divorced, widowed6. (b) Name of husband or wife **Minnie** 6. (c) Age of husband or wife if
alive **dec** years7. Birth date of deceased **Nov 18 1875**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 **18** **30** hr. min.9. Birthplace **Washington D. C.**
(City, town, or county) (State or foreign country)10. Usual occupation **Accountant Clerk**11. Industry or business **Farm Credit Admt**12. Name **Wm. C. Eckstein**13. Birthplace **Germany**
(City, town, or county) (State or foreign country)14. Maiden name **Wm. C. Eckstein**15. Birthplace **Germany**
(City, town, or county) (State or foreign country)16. (a) Informant **Mr. H. Gray**(b) Address **118736 - St. No.**17. (a) **Removed** (b) Date thereof **11/18/44**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Washington D. C.**18. (a) Signature of funeral director **Wm. C. Eckstein**(b) Address **2315**
Jan 18, 1944 (b) **W. C. Eckstein**
(Date received by 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. **1166 Wyandotte**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **17**
year **1944** hour **5** minute **10 P. M.**21. I hereby certify that I attended the deceased from
January 11 1944 to **January 17 1944**
that I last saw him alive on **January 17 1944**
and that death occurred on the date and hour stated above.Immediate cause of death **Pyelonephritis** DurationDue to **1330**

Due to _____

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?
(Specify type of place)

While at work **At E. O. Eckstein** (Specify type of place) **Means of injury**23. Signature **W. C. Eckstein** (M. D. or other) _____
Address **Med. Dir. Gen'l Hosp.** Date signed **1-18-44**

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..... 2560

P. O. Address..... KC, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.