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FILED FEB 28 1944

State File No. _____

Registration District No. 79

Primary Registration District No. 1002

Registrar's No. 71

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:
2908 Askew Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 50 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 5

(d) Street No. 2908 Askew
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Miss Olka E. Egner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 7 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 6 29 hr. _____ min.

9. Birthplace Chicago Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name John C. Egner

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Pfund

15. Birthplace Chicago, Ill. /
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Anna L. Egner
(b) Address 2908 Askew Ave

17. (a) Burial (b) Date thereof 1-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) Jan 7, 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1-6-44
year _____ hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from 1-2-44
19-44 to 1-6-44 1944

that I last saw h. alive on 1-6-44 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration _____
Cardiac Vascular
Renal Failure

Due to Arterio Sclerosis

Due to _____ 131A

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

PHYSICIAN

Major findings: no

Of operations _____

Of autopsy no

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 M. D. Hill (M. D. or other) M.D.
Address 734 Rayhe Kansas Date signed 1-7-44

WHOLE PRINTING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 C. Widelin

Licensed Embalmer No. 3495-

P. O. Address. H. C. 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.