

FILED APR 7 1944  
1944

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 1389

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: Menger Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 30 days (Specify whether)  
In this community 4 1/2 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. 3709 Wabash  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Fannie Eichenberg

3. (b) If veteran, name war

No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Sam

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased

NOT KNOWN

8. AGE:

Years 57

Months -

Days -

If less than one day

hr. min.

9. Birthplace

Poland 4

10. Usual occupation

Housewife

11. Industry or business

12. Name

Israel Lazar

13. Birthplace

Poland 4

14. Maiden name

Rebecca

15. Birthplace

Poland 4

16. (a) Informant

Sam Eichenberg

(b) Address

K. C. Mo.

17. (a)

Burial

(b) Date thereof

3-29-44

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Sheffieldlem.

18. (a) Signature of funeral director

J. P. Loustunera

(b) Address

K. C. Mo.

19. (a)

3-29-44

(b)

P. E. Brown

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th  
year 1944 hour 10<sup>25</sup> minute P M.

21. I hereby certify that I attended the deceased from 1st 1944 to March 27 1944  
that I last saw him alive on March 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decomposition Duration 4 hrs

Due to: Valvular Heart Disease (all valves involved)

Due to: Hypertrophy of Liver (Passive congestion) 4 hrs

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

Major findings:

Of operations: -

Of autopsy: -

92d

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: Dr. Joseph G. ... M. D. or other) ...  
Address: 1219 ... Date signed: 3-27-44

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

MOTHER FATHER

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**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.....

*A. L. Lewis*

Licensed Embalmer No.....

3110

P. O. Address.....

*Kansas City, Mo.*

**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.**