

V. S. No. 2  
100M-2-43  
5-17-39  
I X35697

23674

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **2929**

FILED JUL 24 1944  
Registration District No. **149**

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:  
**5310 Blue Ridge Road**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1**  
(Specify whether  
In this community **One year**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **38**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5310 Blue Ridge Road**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **D**

3. (a) PRINT FULL NAME **Florence Olive Eckenroed**  
3. (b) If veteran, name war **WW** 3. (c) Social Security No. **none**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, **divorced, widowed**  
6. (b) Name of husband or wife **unk** 6. (c) Age of husband or wife if alive **26** years  
7. Birth date of deceased **March 1875**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>3</b>	<b>18</b>	hr. min.

9. Birthplace **unknown** **Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **James Wiley**  
13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Frances Wladford**  
15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. L. E. Eckenroed**  
(b) Address **5310 Blue Ridge Road**

17. (a) **burial** (b) Date thereof **7-16-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Waverly, Kansas**

18. (a) Signature of funeral director **BENTLEY MORTUARY**  
(b) Address **5811 Troost**

19. (a) **7-15-44** (b) **N. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14**  
year **1944** hour **2** minute **ca** M.

21. I hereby certify that I attended the deceased from **June 15**, 19**44**, to **July 14**, 19**44**,  
that I last saw her alive on **July 12**, 19**44**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis & Angiitis disease with 3 yrs.**  
Due to **illness**

Due to \_\_\_\_\_  
Other conditions **131/15**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **none**  
Of autopsy **none**

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 \_\_\_\_\_

23. Signature **M. D. or other**  
Address **15034 Old Kansas City** Date signed **7/14/44**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Dr. W. D. Stipe  
Waldheim Bldg.  
Vi. 7755

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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..... *Ging Pennington* .....

Licensed Embalmer No. *2756* .....

P. O. Address..... *15 C 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.**