

S. No. 2  
MOM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 14 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23675

State File No. \_\_\_\_\_  
Registrar's No. **3160**

Registration District No. **749**

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,**  
(c) Name of hospital or institution:  
**6840 Oak Street,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no.** (Specify whether  
In this community **all his life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson,** **48**  
(c) City or town **Kansas City,** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4230 Roanoke Road**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **x** **0**

3. (a) PRINT FULL NAME **Frank Eckert,**  
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **x** 6. (c) Age of husband or wife if alive **x** years  
7. Birth date of deceased **December 25 1865**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 7 16** hr. min.

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

10. Usual occupation **Retired,**

11. Industry or business **x**

12. Name **Conrad Eckert,**

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

14. Maiden name **Minnie Soonschein**

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

16. (a) Informant **Conrad L. Eckert,**  
(b) Address **6840 Oak St., Kansas City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-3-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **8-2-44** (Date received local Registrar) (b) **N. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25th**  
year **1944** hour **7:40** minute **P.** M.  
21. I hereby certify that I attended the deceased from **Oct 1942 to Aug 1944**  
that I last saw him alive on **Aug 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cerebral edema 3 days**  
**Spinal fluid increased last**  
**Due to heart stroke (normal days)**

Due to **Edema base of lung**  
Other conditions **Arterio Sclerosis**  
**fatty degeneration heart**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **Arterio Sclerosis fatty heart - old healed Pul TB**

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? \_\_\_\_\_

23. Signature **Herbert Luthall MD**  
Address **1211 Rialto Bldg** Date signed **Aug 2-44**

MOTHER FATHER

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

361

Dr. Tuthill

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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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K 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.**