V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13426

FILED APR 23 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1651

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Research Hosp. K.C. Mo 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2237 Oakley 1
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No) 1

If yes, name country None

3. (a) PRINT FULL NAME ARDENA BROWN EICHINGER

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John Joseph Eichinger

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

7. Birth date of deceased Sept (Month) 20 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	6	21	X hr. X min.

9. Birthplace Minaville (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Morton King
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs Hazel Blockhorst

(b) Address RR#5 North Kans. City, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 11/47 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Liberty Mo

18. (a) Signature of funeral director Morton Smith's F.H.

(b) Address 832 Armour Rd. N.K.C.

19. (a) 4-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1947 hour 3:00 PM minute M.

21. I hereby certify that I attended the deceased from Mar 20 1947 to Apr 11 1947
that I last saw her alive on Apr 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Coronary insuff. Diabetes

Due to Ca colon - Colostomy

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 2

Of autopsy

Duration: years; Recent

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? (e) Means of injury 0

23. Signature H Tripp (M. D. or other) MD

Address 1014 Argyle Bldg Date signed 4/11/47

(Licensed Embalmer's Statement on Reverse Side)

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 Chester D. Thomas, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.