. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38113

Registrar's No. 4735

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: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Months (Specify whether years, months or days)
In this community: unknown

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.: 5331 Highland 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 11

3. (a) PRINT FULL NAME: JOSEPH ECHELMAN
3. (b) If veteran, name war: No
3. (c) Social Security No.: none

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: About 1860 (Month) (Day) (Year)

8. AGE: Years: About 87 | Months | Days | If less than one day: hr. min.

9. Birthplace: New York (City, town, or county) (State or foreign country) 1
10. Usual occupation: Retired-Laborer
11. Industry or business:
MOTHER
12. Name: No record 9
13. Birthplace: No record (City, town, or county) (State or foreign country)
FATHER
14. Maiden name: No record 9
15. Birthplace: No record (City, town, or country) (State or foreign country)
16. (a) Informant: Sister Emelia
(b) Address: 5331 Highland St. Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: Quirk and Tobin
(b) Address: 20 West Linwood
19. (a) 11-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day Nov year 1947 hour 4:30 minute A M.
21. I hereby certify that I attended the deceased from Oct 30 1947, to Nov 12th 1947 that I last saw him alive on Nov 12 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	3 Days
Due to: Chronic Myocarditis	15 yrs
Due to: Generalized Arteriosclerosis	20 yrs
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 108
Of autopsy: None

PHYSICIAN — Underline the cause of 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? Means of injury: 0
23. Signature: John T. Kennedy (M.D. or other)
Address: 1402 Grand Ave. Date signed: 11/13/47

Jefferson City Printing Co.

(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 Francis L. Fisher, Registered Apprentice No. 47, working under my personal supervision.

Signed Edward W. Farmer

Licensed Embalmer No. 413 4

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.