-1/47
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24

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 21 1948

STANDARD CERTIFICATE OF DEATH

State File No. 32340

Registration District No. 77 — Primary Registration District No. 3012 — Registrar's No. 130

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs., 6 mos., 10 days (Specify whether years, months or days)
In this community 5 yrs., 6 mos., 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 21
(c) City or town: Brunswick, Missouri (If outside city or town limits, write "RURAL")
(d) Street No.: ----- (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Carl Joe Eschbach
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: ---
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: --
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: May 10, 1897 (Month) (Day) (Year)

8. AGE: Years 51 | Months 4 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: ---
FATHER
12. Name: Charles Eschbach
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: --- (City, town, or county) (State or foreign country)
16. (a) Informant: Hospital Records, Veterans' Administration, Excelsior Springs, Mo.
(b) Address:
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: October 3, 1948 (Month) (Day) (Year)
(c) Place: removal: Kansas City, Mo.
18. (a) Signature of funeral director: John H. Wagner
(b) Address: Wagner Funeral Home, Kansas City, Mo.
19. (a) 10/3/48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature) 62

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 3 day 3 year 1948 hour 11th minute 25 a.M.
21. I hereby certify that I attended the deceased from March 23, 1943, 1943, to October 3, 1948; that I last saw him alive on October 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Vascular Accident	9 hours
Due to: Hyper-tension	
Due to:	
Other conditions: Tuberculosis, pulmonary, far advanced, active (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 13 B
Of autopsy: As shown above

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? -- (e) Means of injury: --

23. Signature: G. A. Reeves (M. D. or other) MD
G. A. REEVES
Address: Veterans Administration Hospital 10-3-48
Excelsior Springs, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-20-48

APR 5 1949
SECTION

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address 204 W. Lindwood Blvd K.C., M

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.