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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40107

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 5080

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: General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 hrs. (Specify whether years, months or days)

In this community: about 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 3943 Jackson (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: BESSIE ECKLUND

3. (b) If veteran, name war: None

3. (c) Social Security No.: Unknown

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: George Ecklund

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

7. Birth date of deceased: Feb. (Month) 4 (Day) 1895 (Year)

8. AGE: Years 53 | Months 10 | Days 23 | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business:

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

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

16. (a) Informant: Mr. Wm. Grimm

(b) Address: U.S. Navy: San Diago, Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington

18. (a) Signature of funeral director: Weilert Funeral Home

(b) Address: 6900 Troost Ave: K.C. Mo.

19. (a) 12-14-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7 year 1948 hour 11 minute 10 p.m.

21. I hereby certify that I attended the deceased from Dec. 6 (11 am), 1948, to Dec. 7, (11:10pm) 1948; that I last saw her alive on Dec. 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral hemorrhage—general arteriosclerosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: see above	

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? Wm. W. Hart (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Wm. W. Hart (M. D. or other) MD

Address: Med. Dir. Gen'l Hosp. #1 KC, M. Date signed: 12-13-48

(Licensed Embalmer's Statement on Reverse Side)

Mrs Kratz & Kurrell

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 Blaine E. Weibert

Licensed Embalmer No. 4075

P. O. Address K.C. 8, 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.