

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30229

State File No.

4029

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>LIFETIME</u>		d. STREET ADDRESS (If rural, give location) <u>5505 EUCLID AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>(NONE)</u> c. (Last) <u>EHRENHOFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 18, 1949</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>AUG. 15, 1899</u>		9. AGE (In years last birthday) <u>50 YRS.</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>KENNY MACH. CO.</u>			11. BIRTHPLACE (State or foreign country) <u>INDEPENDENCE, MO. D</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>JOSEPH EHRENHOFER</u>		13b. MOTHER'S MAIDEN NAME <u>AGNES DUBROVICH</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-07-4729</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ANTHONY STEMATZ</u> ADDRESS <u>5505 EUCLID KANSAS CITY, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yr</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - reflex</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from Sept, 1947, to Sept 18, 1949, that I last saw the deceased alive on Sept 18, 1949, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Trippe</u> (Degree or title) _____		23b. ADDRESS <u>1014 Aignle Rd. KC-MO</u>		23c. DATE SIGNED <u>9/19/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT-20-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>9-20-49</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. NEWCOMER'S SONS</u> ADDRESS <u>1331 BRUSH CREEK BL. KANSAS CITY, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Doyle L. Daniel

Licensed Embalmer No. *4702*

P. O. Address *Almo*

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.