

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43712

State File No. 5527

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5527			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 22 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		390			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1319 EAST 78TH STREET				d. STREET ADDRESS 1319 EAST 78TH STREET					
3. NAME OF DECEASED (Type or Print) ELLA		a. (First)		b. (Middle) MARIE G.		c. (Last) EIRICH			
4. DATE OF DEATH		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED			
8. DATE OF BIRTH JAN-7-1886		9. AGE (In years last birthday) 63 YEARS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		11. BIRTHPLACE (State or foreign country) COLLINSVILLE, ILLINOIS			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME HENRY GROSSE		13b. MOTHER'S MAIDEN NAME UNKNOWN GERDING		14. NAME OF HUSBAND OR WIFE ADOLF J. EIRICH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME KARL RICHARD EIRICH		ADDRESS 1319 E. 78th ST. KANSAS CITY, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Hypertension - arteriosclerosis				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 20		19b. MAJOR FINDINGS OF OPERATION 331K				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11-17, 1949, to 12-27, 1949, that I last saw the deceased alive on 12-27, 1949, and that death occurred at 2:15 P.M., from the causes and on the date stated above.									
23a. SIGNATURE Geo. H. Jones (Degree or title) Geo. H. Jones M.D.				23b. ADDRESS 80 W. Paseo KC Mo.		23c. DATE SIGNED 12/28/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 30 - 1949		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY - MISSOURI			
DATE REC'D BY LOCAL REG. 12-30-49		REGISTRAR'S SIGNATURE Geraldine Holman		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer & Sons		ADDRESS 1331 - BRUSH CAREN KANSAS CITY, MO.			

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 KCMO.

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.