

FILED JUN 17 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 20242  
2488

4

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

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>6 1/2</u> years		d. STREET ADDRESS (If rural, give location) <u>Hyde Park Nursing Home, 401 E. 36th St.</u>	
3. NAME OF DECEASED a. (First) <u>Mrs. Malgen</u>		b. (Middle) <u>E.</u>	
c. (Last) <u>Hecker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1950</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>May 11, 1857</u>
9. AGE (In years last birthday) <u>93</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Conrad Eisenmayer</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>		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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. S. Alden</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Upper G.I. Carcinoma</u>		DUE TO (b) _____	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Injury to left hip</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Probably intracranial</u> <u>Terminal Pneumonia</u>	
19a. DATE OF OPERATION		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)	
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 <u>Oct</u> , 19 <u>43</u> , to <u>June 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 2</u> , 19 <u>45</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. P. Klepinger</u>		23b. ADDRESS <u>500 Argyle Bldg, KC Mo.</u>	
23c. DATE SIGNED <u>6-3-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>6/4/50</u>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <u>Summerfield, Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine &amp; McClure</u>	
25. ADDRESS <u>Kansas City, Missouri</u>		DATE REC'D BY LOCAL REG. <u>6-3-50</u>	
REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>	

Dr. D. P. Kasperger  
Angyle B. B. G.

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*S. J. Allen*

.....  
Licensed Embalmer No. *1415*

P. O. Address *H. C. M. S.*

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.