

FILED SEP 2 1950

STANDARD CERTIFICATE OF DEATH

State File No.

3611

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

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 4330 Jarboe	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4330 Jarboe			

3118
3110

3. NAME OF DECEASED (Type or Print) * a. (First) HELEN b. (Middle) ELIZABETH c. (Last) EICHENAUER			4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 50		
5. SEX Fe		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 11-18-1877		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 1 YEAR Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during the preceding year, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Kansas City, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Wm. Kuebler		13b. MOTHER'S MAIDEN NAME Henryetta Rust		14. NAME OF HUSBAND OR WIFE Carl J. Eichenauer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No xx		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Eichenauer, 4330 Jarboe	

18. CAUSE OF DEATH Enter only one cause per listing (a), (b), and (c) <i>This does not mean the immediate cause, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ONSET AND DURATION 4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis			
		DUE TO (c) Diabetes			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				260 X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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 Aug 20, 1950 to Aug 23, 1950, that I last saw the deceased alive on Aug 20, 1950, and that death occurred at 4:40 A m., from the causes and on the date stated above.

23a. SIGNATURE Harry E. Cohen (Degree or title) Harry E. Cohen M.D.		23b. ADDRESS 318 Arnyk Bldg		23c. DATE SIGNED 8-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-25-50		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			

DATE REC'D BY LOCAL REG. 8-23-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Wagner N. 6. Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

COPIES
50

NA 4226
- 187 M.C. 2000

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..... *Alvin R. Harnschell*

Signed.....
Student Embalmer

Licensed Embalmer No. *4159*

P. O. Address *K. E. 210*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 26839-50

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3611-50

On this 8th day of September, 1950, before me appears.....
Gertrude Eichenauer

....., who, upon her oath, states that the original record of ~~birth~~ death
for Helen E. Eichenauer, died 8-23-1950, 19....., in the State of
Missouri, and which was filed at K. C. Mo on 8-23-, 19 50 should be corrected as follows:

Item No. 3 should read Helen Elizabeth Eichenauer

Instead of..... Helen E. Eichenauer

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge; information and belief.

(SEAL)

Affiant Gertrude Eichenauer daughter
Relationship.

4330 Garboe
Present Address.

Subscribed and sworn to before me this 8th day of Sept, 1950.

My Commission expires Oct. 21, 1951 Carroll M. Puppelino Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.