

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37989

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4702

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 OR TOWN Kansas City c. LENGTH OF STAY (in this place) 41 yrs.

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital #2

e. STREET ADDRESS (If rural, give location) 1325 Brooklyn

3. NAME OF DECEASED
a. (First) Marcus b. (Middle) _____ c. (Last) Eggleston

4. DATE OF DEATH (Month) (Day) (Year)
11 1 1956

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH July 22, 1905

9. AGE (In years last birthday) 51 yrs.
UNDER 1 YEAR Days _____ # UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bell hop

10b. KIND OF BUSINESS OR INDUSTRY Densmore Hotel

11. BIRTHPLACE (City and State or Foreign Country) Hot Springs, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Eggleston

13b. MOTHER'S MAIDEN NAME Sarah Walker

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 496-09-5088

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Sadie Williams 1303 Olive

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension.

INTERVAL BETWEEN ONSET AND DEATH

491X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21-56, 1956, to 11-1-56, 1956, that I last saw the deceased alive on 11-1-56, 1956, and that death occurred at 1:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) W. R. Peterson M.D.

23b. ADDRESS 600 E. 22nd St.

23c. DATE SIGNED 11-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 7, 1956

24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 11-7-56 Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
WATKINS BROS. FN. HM. 18th & Benton

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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.....
Signature of Student Embalmer

Signed *Bruce R. Watkins*.....

Licensed Embalmer No...*4500*

P. O. Address...*18th & Penn*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.