

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17589**
2116
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

Jackson
(a) County **Kansas City**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Months**
In this community **10 Months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
Kansas City
(c) City or town **Kansas City**
(If outside city or town limit, write "RURAL")
(d) Street No. **3125 Perry Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23rd.**
year **1940** hour **2** minute **55** A. M.
21. I hereby certify that I attended the deceased from **May 3-1940**
May 23 to **May 23** 19**40**
that I last saw him alive on **May 22** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Branchial Pneumonia, Bilateral** Duration **3 days**

Due to **1070**
Due to _____

Other conditions **Infantile Eczema**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **Pneumonia Bilateral Branchial + Eczema**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **Joseph P. Conrad** (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Address **1308 Waldheim Bg.** Date signed **May 23-40**

3. (a) PRINT FULL NAME **Milton DeWayne Eager 260**
3. (b) If veteran, **No** name war _____
3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 3rd, 1939**
(Month) (Day) (Year)

8. AGE: Years **0** Months **10** Days **20** If less than one day
hr. _____ min _____

9. Birthplace **K.C.Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Milton Eager**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Opal Branstetter**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Milton Eager**

(b) Address **3125 Perry Be. 5718**

17. (a) **Removal** (b) Date thereof **5/23/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pilot Grove Mo.**

18. (a) Signature of funeral director **H. F. Mayberry**

(b) Address **2315 Linwood**
May 23, 1940
(c) (d) **M. M. Ernie**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. J. Mayberry

Licensed Embalmer No.

2934

P. O. Address

Kansas City Mo.

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, above space should be left blank.