V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40702

FILED JAN 3 1944

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 5238

1. PLACE OF DEATH:
(a) County: Jackson,
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sheffield Steel Dispensary 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 40 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson, 48
(c) City or town: Kansas City, 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 5823 Wabash
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME: Edwin Vernon Achenbach

3. (b) If veteran, name war: no.

3. (c) Social Security No. 487-05-3638

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mable D. Achenbach

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: October (Month) 17 (Day) 1889 (Year)

8. AGE: Years 54 Months 1 Days 26 If less than one day hr. min.

9. Birthplace: Texas (City, town, or county) / (State or foreign country)

10. Usual occupation: Checker

11. Industry or business: Sheffield Steel Co.

FATHER
12. Name: John G. Achenbach
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Stoeber,
15. Birthplace: Iowa, / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mable D. Achenbach,
(b) Address: 5823 Wabash, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-13-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th year 1943 hour 700 minute A M.

21. I hereby certify that I attended the deceased from 12-13-43, 19..., to —, 19...; that I last saw him alive on 12-13-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure (Coronary thrombosis) — Duration: 1-3 days

Due to: 94a

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: L. L. Greer 0 (M. D. or other)
Address: K. C. Mo Date signed 12/13/43

361 (Licensed Embalmer's Statement on Reverse Side)

JAN 6 1944

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 John H. Hurley

Licensed Embalmer No. 4050

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, fact should be so stated above.