

FILED OCT 24 1944

Registration District No. 1799

Primary Registration District No. 1002

Registrar's No. 4081

1. PLACE OF DEATH: Jackson
 (a) County _____ Kansas City
 (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 5343 Cleveland
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town _____ Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ 5343 Cleveland
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT CHARLES ESCHBACH
 FULL NAME
 3. (b) If veteran, No
 name war. _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. 8th
 1944 year 11:20 P
 hour minute M.

4. Sex Ma 0
 5. Color or race Wh
 6. (a) Single, widowed, married, divorced, Widowed

21. I hereby certify that I attended the deceased from March 15 1944 to Oct 8 1944
 that I last saw him alive on Oct 8 1944
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife: Elizabeth Eschbach
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased: October 26 1855
(Month) (Day) (Year)

Immediate cause of death: Cardiac failure
 Duration: 24 hrs

8. AGE: Years 88 Months 11 Days 12
 If less than one day hr. min.

Due to: Pulmonary Edema 2 days
 Due to: Chronic Myocarditis 1 year

9. Birthplace: Ingersheim Alsace Lorraine
(City, town, or county) (State or foreign country)

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

10. Usual occupation: Retired President

Major findings: 93
 Of operations _____

11. Industry or business: K.C. Bldg. & Loan Assn

Of autopsy: _____
 Underline the cause to which death should be charged statistically.

12. Name: Charles Eschbach

13. Birthplace: Ingersheim Alsace Lorraine
(City, town, or county) (State or foreign country)

14. Maiden name: Annett Thoman

15. Birthplace: Ingersheim Alsace Lorraine
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Marie Eschbach

(b) Address: 5343 Cleveland

17. (a) Burial (b) Date thereof: 10-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. St. Mary's

18. (a) Signature of funeral director: J. W. Wagner

(b) Address: Kansas City, Mo.

19. (a) 10-11-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature: Owen Drueger M.D. (M. D. or other)

Address: 304 E 12 Date signed: 10/10/44

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

MOTHER FATHER

11-4960
Dunham

FEB 4 1949

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 Alvin R. Hunschler

Licensed Embalmer No. 4159

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.