

FILED NOV 8 1947

Registration District No. 749

Primary Registration District No. 1002

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

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: General Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)  
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2107 East 35th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME MARTHA J. EGGEMANN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife J. C. Eggemann 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased January 29 1870  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business Home

12. Name Oliver Kays

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Belva Eggerman

(b) Address 2107 East 35th St.

17. (a) Burial (b) Date thereof Oct 31 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo

18. (a) Signature of funeral director Kidwell Funeral Home

(b) Address Versailles, Missouri

19. (a) 10-29-47 (b) Beraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29  
year 1947 hour 2 minute 20A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock  
30 Burns Entire Body  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 18/15

Major findings: Deputy Coroner  
Of operations \_\_\_\_\_  
Of autopsy History & Inspection

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) Accident 123  
(b) Date of occurrence 10-28-47  
(c) Where did injury occur? Kansas City Mo  
(City or town) (County) (State)  
(d) Did injury occur in (a) about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) Burns  
(c) Means of injury

23. Signature A. E. Usher (M. D. or other) mo  
Address 2800 Main Date 10/29/47

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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 Chas E Wilks  
Licensed Embalmer No. 2644  
P. O. Address K.C. 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.**