

No. 300  
M-10-47  
v. 5-17-39  
I 3908

Registration District No. 149 Primary Registration District No. 1002

48  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
3033 Lister Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether  
In this community lifetime years, months or days)

3: (a) PRINT FULL NAME Miss Nadine Marie EICHMANN  
3: (b) If veteran, name war no 3: (c) Social Security No. none

4. Sex female 5. Color or race white 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 December 31, 1923  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
24 2 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Invalidated at home

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name Lee H. Eichmann  
13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Barnes  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lee H. Eichmann

(b) Address 3033 Lister Ave., K.C., Mo

17. (a) Burial (b) Date thereof 3-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 3-20-48 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

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. 3033 Lister Avenue  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar. day 19  
year 1948 hour 11:30 minute P M.  
21. I hereby certify that I attended the deceased from MARCH 13  
1948, to MARCH 19, 1948,  
that I last saw her alive on MARCH 19, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death PARALYTIC ILEUS Duration \_\_\_\_\_

Due to CONGENITAL DEGENERATION OF SPINAL CORD

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 8/2  
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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury 2

23. Signature [Signature] (M. D. or other) Do.  
Address 5504 Blvd, N.C.S, Mo Date signed 3-20-48

---

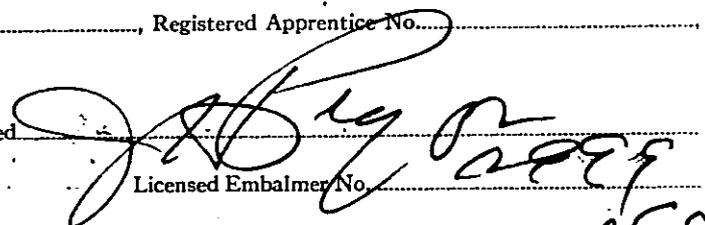
---

**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



Licensed Embalmer No.....

P. O. Address.....

**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.**