

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16912

State File No. ....

**FILED** JUN 7 1952

BIRTH NO. .... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>Rural-Bellevue</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3</u> <u>Rural-Bellevue</u>		d. STREET ADDRESS (If rural, give location) <u>10311 E. 9th St.</u> <u>0480</u> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 10311 E. 9th St.</u>			d. STREET ADDRESS (If rural, give location) <u>10311 E. 9th St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Eichenberger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1952</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 29, 1871</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati, Ohio.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>George Weghorn</u>		13b. MOTHER'S MAIDEN NAME <u>Marguerite Bernstein</u>		14. NAME OF HUSBAND OR WIFE <u>Henry A. Eichenberger</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margaret James, Kansas City 3, Mo.</u>			ADDRESS <u>Kansas City 3, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Langrene right foot</u> DUE TO (c) <u>Diabetes mellitus</u>				<u>3 mo</u>
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis &amp; right hemiplegia</u>				<u>2 1/2 years</u> <u>3 mo.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <u>260X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-1, 1948 to 5-23, 1952, that I last saw the deceased alive on 5-20, 1952, and that death occurred at 2:50A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Barrick Wilson M.D.</u>		(Degree or title)	23b. ADDRESS <u>707 Rialto Bldg KC, Mo</u>		23c. DATE SIGNED <u>5-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>5-26-52</u>	REGISTRAR'S SIGNATURE <u>James H. Carson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Carson</u>		ADDRESS <u>Independence, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1-50

JUN 3 RECD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard P. Francis

Licensed Embalmer No. 4863

P. O. Address Indy, 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.