

Registration District No.

Primary Registration District No.

1002

Registrar's No.

2798

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 #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5-1-40-7-6-40
 (Specify whether
34 years
 years, months or days)

3. (a) PRINT
FULL NAMEMack Ensley52148. (b) If veteran,
name war No3. (c) Social Security
No. No4. Sex Male5. Color or
race Negro6. (a) Single, widowed, married,
divorced Single6. (b) Name of husband or wife
--6. (c) Age of husband or wife if
alive -- years7. Birth date of deceased 10 28 1873
(Month) (Day) (Year)

8. AGE:

Years
66Months
8Days
8

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

Louisiana
(State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name Tom Ensley

18. Birthplace

(City, town, or county)

Louisiana
(State or foreign country)14. Maiden name Fannie Steele

15. Birthplace

(City, town, or county)

Louisiana
(State or foreign country)16. (a) Informant's own signature Record Clerk(b) Address Gen. Hosp. #217. (a) (b) Date thereof 7-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Blue Ridge Lumber18. (a) Signature of funeral director Edual Funeral Dirct(b) Address 1409-C-12 St.19. (a) July 11, 1940 (b)
(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1721 E. 17th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6
 year 40 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from
5-1-, 1940 to 7-6-, 1940
 that I last saw him alive on 7-6-, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Coronary Occlusion

Duration

Due to

Chronic Passive Congestion of Liver

Due to

Chronic Pulmonary Edema

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Above Mentioned

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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

23. Signature A. O. Sherwin (M. D. or other)Address Gen. Hosp. #2 Date signed 7-7-40

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 *L. Harris, Jr.*
Licensed Embalmer No. 3388
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, above space should be left blank.