

S. No. 2
OM-5-42
Rev. 5-17-39
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32698

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 24 1942

3765

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

48
83
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:
5701 Euclid /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 18 years
years, months or days) (Specify whether)

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. 5701 Euclid
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Samuel Ellsworth Eisenhart

3. (b) If veteran, name war No

3. (c) Social Security No. 496-07-1889

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, 2 divorced, Widowed

6. (b) Name of husband or wife Nellie Eisenhart

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 4 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67	6	8	hr. min.
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9. Birthplace Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Brick Layer

11. Industry or business

MOTHER FATHER

12. Name John Eisenhart

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

14. Maiden name Catherine Ressler

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

16. (a) Informant Mrs. Beatrice Currier
(b) Address 5701 Euclid Ave.

17. (a) Burial (b) Date thereof 10-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery
Freeman Mortuary

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 10-13-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 12
year 1942 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from 1914 to Oct. 6 1942
that I last saw him alive on Oct. 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death MILITARY STENOSIS & Regurgitation

Due to Chronic MYOCARDITIS NOT RHEUMATIC

Due to 92B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (e) Means of injury

23. Signature J. L. Jones (M.D. or other) DO.
Address 3737 Main Date signed 10/13/42

