

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

36155

FILED DEC 12 1945

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4870

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:  
706 Chestnut 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 years (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 706 Chestnut 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ada Blanche Eisenman

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 3-2-1880  
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 7 20 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER

12. Name John Strong

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

14. Maiden name Amanda ?

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

16. (a) Informant Geo. T. Eisenman

(b) Address 706 Chestnut

17. (a) Burial (b) Date thereof 11/28/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address Kansas City, Mo.

19. (a) 11-27-45 (b) A Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22  
year 1945 hour 10 minute 30 F. M.

21. I hereby certify that I attended the deceased from July 9, 1939 to Nov 22, 1945  
that I last saw her alive on Nov 21, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration \_\_\_\_\_

Due to Myocardial fibrosis at least 10 years

Due to focal infections during childhood

Other conditions Bronchiectasis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 93 d  
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 Dr C. Edwards (M.D. or other) do  
Address 2603 Independence Blvd. Date signed 11-24-45

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

**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 *A. D. Blackman*

Licensed Embalmer No. 3639

P. O. Address R. 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.**