

FILED JUL 10 1946

Registration District No. 149

Primary Registration District No. 1002

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:
(Home) 3419 East 62nd. St./
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 14 years
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. 3419 East 62nd. St. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME James Earl Ensminger

3. (b) If veteran, name war X no 3. (c) Social Security No. X none

4. Sex male 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 X years
7. Birth date of deceased Oct. 7th. 1931
(Month) (Day) (Year)

8. AGE: Years 14 Months 8 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business X

MOTHER FATHER { 12. Name Frank E. Ensminger
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lila Wren
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Frank E. Ensminger

(b) Address 3419 E. 62nd. St. K.C. Mo.

17. (a) burial (b) Date thereof 6/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cem.

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th. St. K.C. Mo.

19. (a) 6-29-46 (b) Geraldine Holmes
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th.
year 1946 hour 10 minute 17 A.M.

21. I hereby certify that I attended the deceased from June 1, 1945 to June 27, 1946
that I last saw him alive on June 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia chronic
lymphatic Duration 1 year

Due to _____
Due to unknown

Other conditions (include pregnancy within 3 months of death) 74a

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) Means of injury _____

23. Signature Mrs. Casabell
Address 14 E. 27th St. K.C. Mo.

Dr. Corbett
40th Baltimore
Va - 5413-

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: *John P. Camp*
Licensed Embalmer No. *2955-*
P. O. Address *H. C. No*

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.