S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9082

Primary Registration District No. 1002

Registrar's No. 1362

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: 1707 E. 39th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: — (Specify whether years, months or days)
In this community: 5 YEARS

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.: 1707 E. 39th. STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: ELLA AMANDA GIESLER
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MR. ARTIE L. GIESLER
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: MARCH (Month) 16 (Day) 1888 (Year)

8. AGE: Years 59 | Months 0 | Days 8 | If less than one day: hr. min.

9. Birthplace: LAKE SPRINGS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
MOTHER FATHER
12. Name: THOMAS HUFFMAN
13. Birthplace: ELK PRAIRIE (City, town or county) MISSOURI (State or foreign country)
14. Maiden name: ADELINE HENSLEY
15. Birthplace: LAKE SPRINGS (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: Artie Giesler
(b) Address: 1707 E 39 K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: MARCH 24 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: ROLLA, MISSOURI
18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 3-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24th year 1947 hour 2 minute 18 A. M.
21. I hereby certify that I attended the deceased from March 16, 1947 to March 24, 1947 that I last saw her alive on March 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Myocardial Disease	

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? (Specify type of place): —
While at work? — (e) Means of injury: —

23. Signature: Robert Janson (M. D. or other) M.D.
Address: 2220 E 21st St. Date signed: 3-24-47

(Licensed Embalmer's Statement on Reverse Side)

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 John E Frosting, Registered Apprentice No. 504, working under my personal supervision.

Signed E Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.