

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

REC'D DEC 14 1938

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

38368
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
 (b) Township _____ Primary Registration District No. 1002 Registered No. 4602
 (c) City Kansas City (d) Street No. 213 No. Merington St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

256 Mrs. Emma T. Eisenhart
 (a) Residence, No. 213 No. Merington St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. D. Eisenhart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 6 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Ret. Coal
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25-38 1938
 22. I HEREBY CERTIFY, That I attended deceased from man 1938, to Nov. 25, 1938
 I last saw her alive on Nov. 25, 1938. Death is said to have occurred on the date stated above, at 10:35 P. m.
 The principal cause of death and related causes of importance were as follows:

1. Aortic valve leakage
myocarditis
generalized arteriosclerosis
 Date of onset 35 yrs.
 Other contributory causes of importance:
Pulmonary edema - terminal

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Iowa
 FATHER 13. NAME Christopher Winters
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvanian
 MOTHER 15. MAIDEN NAME Hannah Spencer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvanian
 17. INFORMANT (ADDRESS) Mrs. J. B. McCoy
213 No. Merington K.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Nov. 28 1938
 19. FUNERAL DIRECTOR (ADDRESS) George C. Carson
Independence Mo.
 20. FILED Nov. 28 1938 M. M. Brown
 Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Robert M. Myers, M. D.
 (Address) 1025 Pilsbecker Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer 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.)