

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson Co.

(b) City or town 1819 1/2 Indiana 76 & 9th
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1819 1/2 Indiana
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1819 1/2 Indiana Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? New York State years.

3. (a) PRINT FULL NAME JOHN ENSMINGER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE 5. Color or race WHITE

6. (a) Single, married, divorced MARRIED

6. (b) Name of husband or wife MAUDE

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased FEB 3rd 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 18

If less than one day hr. min.

9. Birthplace NO. TONAWANDA N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business GEN. REPAIRS

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant John Cummings Son

(b) Address 3218 E 10 St

17. (a) Burial (b) Date thereof Jan 23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings

18. (a) Signature of funeral director Rose Henderson

(b) Address Rt. 6 Mo.

19. (a) Jan 22 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21st year 1941 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from July 1939 to Jan 4 1941 that I last saw him alive on Jan 4 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

congestive lungs

Due to cold - influenza

Due to 92.13

Other conditions Cardiac asthma
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? KC Mo Jackson Co
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place)

(e) Means of injury _____

23. Signature Fred A. Hummer (M.D. or other)

Address 1311 Indiana Ave Date signed 1-21-41

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 *G. E. Henderson*

Licensed Embalmer No. *3457*

P. O. Address *156 W. 4th*

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.