

**FILED SEP 12 1941**

Registration District No. **597**

Primary Registration District No. **1002**

**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:  
4520 South Benton  
(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 21 yrs 1

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4520 South Benton  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ND

3. (a) PRINT FULL NAME Jennie Eisen

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife Joe Eisen 6. (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years 77 Months - Days - If less than one day - hr. - min.

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

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Yale Zigmund  
 13. Birthplace Poland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Eisen  
 (b) Address 3016 Olive  
 17. (a) Burial (b) Date thereof Aug 29 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Shettfield

18. (a) Signature of funeral director J.P. Louis Funeral Home  
 (b) Address 9 N. C. Mo.  
 19. (a) 8/29/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 28  
 year 1941 hour 7 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from Aug 26, 1941, to Aug 28, 1941;  
 that I last saw her alive on Aug 26, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration, inanition  
 Duration 5 to 6 hrs in long condition

Due to Chronic bronchitis + carcinoma of stomach?

Due to unknown etiology

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy none  
 106B  
 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 David Moritz, M.D. (M. D. or other) D  
 Address 202 Huron Bldg Date signed 8/29/41

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 *Richard L. Louis*.....

Licensed Embalmer No. *3110*.....

P. O. Address.....

**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.**