. S. No. 2
OM—2-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1088

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5366

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: 6840 Cherry Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. 1 (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6840 Cherry Street, 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Jane Charles Ensminger

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

4. Sex 1 Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Cassius M. Ensminger
6. (c) Age of husband or wife if alive dec years
7. Birth date of deceased January (Month) 29 (Day) 1851 (Year)

8. AGE: Years 93 Months 111 Days 0 If less than one day hr. min.

9. Birthplace Wales (City, town, or county) 4 (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name unknown,
13. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown,
15. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank W. Peck, 1
(b) Address 6840 Cherry, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Stine Wlmwood Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 12-31-44 (Date received local registrar) (b) T. E. Brown (Sz) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th year 1944 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from Dec-29-44 19 to Dec-29-44 19 that I last saw her alive on Dec 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arteriosclerosis	
Due to Age	
Other conditions (Include pregnancy within 2 months of death)	
Major findings: Of operations	
Of autopsy	

8:30 a

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 0
23. Signature H. P. Boughman (M. D. or other) M.D.
Address K. C. 2 Mo Date signed 12/30/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harvey P. Boughnow

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Kansas City Mo

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.