

FILED JAN 27 1947

Registration District No. **149**

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: **2516 Harrison**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **63 years** (Specify whether)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson** **48**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2516 Harrison St. 2nd north**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Jess J. Isenhour**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-05-7359**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary A. Isenhour** 6. (c) Age of husband or wife if alive **63 yrs**

7. Birth date of deceased **Sept. 22, 1883**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **3** Days **24** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Liberty, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Cook**  
(Include pregnancy within 3 months of death)

11. Industry or business **Clifford-Tessman Bowl**

12. Name **John Isenhour**

13. Birthplace **Liberty, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen McClintock**

15. Birthplace **Liberty, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary A. Isenhour**

(b) Address **2516 Harrison 2nd floor north**

17. (a) **Burial** (b) Date thereof **Jan. 20, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Thos. E. Quirk**  
**4316 Troost Ave.**

(b) Address \_\_\_\_\_

19. (a) **1-18-47** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **16th**  
year **1947** hour **11 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 12-47**  
that I last saw him alive on **Jan 15th** 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **4 days**  
Due to **Hypertension** **4 years**

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

Major findings: **830**  
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) \_\_\_\_\_  
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? **0**

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Joseph Helton** (M. D. or other) **M.D.**

Address **1719 Rialto Bldg** Date signed **1-17-47**

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

MOTHER FATHER

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**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.....

*Thomas E. Zwick*

Licensed Embalmer No. ....

*3775*  
*TCM*

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.**