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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1195

Primary Registration District No. 1002

Registrar's No. 313

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: 3517 Locust Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether
In this community: 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 3517 Locust Street 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country: x

3. (a) PRINT FULL NAME: Miss Adah E. Lesem

3. (b) If veteran, name war: no.

3. (c) Social Security No. 495-09-5194

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: x

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

7. Birth date of deceased: December (Month) 19 (Day) 1878 (Year)

8. AGE: Years 68 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation: Clerk

11. Industry or business: x

FATHER
12. Name: Isaac M. Lesem 4
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nancy Friedsom
15. Birthplace: New York (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Fay Cullen,
(b) Address: 3517 Locust, Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 1-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1947 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 25, 1946, to Jan. 21, 1947; that I last saw h. alive on Jan. 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral arterial embolism	3 hr.
Due to: Thrombi of left auricle	Approx. 1 month
Due to: Arteriosclerotic heart disease with congestive failure	Unknown

Other conditions (Include pregnancy within 3 months of death): —

Major findings:
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): —

(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: T. Reid Jones (M. D. or other) M. D.

Address: 1107 Bryant Bldg. KC. Mo. Date signed: 1-21-47

(Licensed Embalmer's Statement on Reverse Side)

Bryant Blde
J. Ill.

Dr. Harry Jones

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.....

Licensed Embalmer No. 1415

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.