

No. 2
-12-45
5-17-39
X47070

FILED MAR 10 1947

State File No.

Registrar's No.

826

Registration District No. 189

Primary Registration District No. 1802

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: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2530 Benton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lottie Eisenberg

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased September ? 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days -

If less than one day hr. min.

9. Birthplace Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name Phillip Elsbalg

13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

14. Maiden name Esther Grossman

15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Eisenberg

(b) Address 2530 Benton, K. C., Mo.

17. (a) Burial (b) Date thereof 2-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cemetery

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave., K. C., Mo.

19. (a) 2-24-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
year 1947 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from June
1942 to 2-21-47

that I last saw her alive on 2-21-47
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis

Due to Arteriosclerosis, beyond

Due to atherosclerosis

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

Major findings: Of operations 131a

Of autopsy

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 D

Signature Frank Dreyfus M. D. or other

Address K. C. Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Dr. Irwin
Professional Society*

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..... *B. A. Legan*.....
Licensed Embalmer No..... *3979*.....
P. O. Address..... *H.C. MD*.....

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.