

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20176

2711

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 26 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3240 Oak St.		d. STREET ADDRESS (If rural, give location) 3240 Oak	

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3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Eliza b. (Middle) Jane c. (Last) Eisiminger			4. DATE OF DEATH (Month) (Day) (Year) June 17, 1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed ✓	8. DATE OF BIRTH Mar. 8, 1858		9. AGE (In years last birthday) 92 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Stiles		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE J. W. Eisiminger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Suella Panner 3240 Oak	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute heart failure		ANTECEDENT CAUSES			
DUE TO (b) Chronic Myocarditis		DUE TO (c) Chronic Hypertension			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4457
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3/21/47 to 6/17/50, 19____, that I last saw the deceased alive on 6/5/50, 19____, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE James R. McVay (Degree or title) MD		23b. ADDRESS 814 Pontiac Bldg. KCMO		23c. DATE SIGNED 6/17/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 6/20/50	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) Osceola, Missouri		
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DATE REC'D BY LOCAL REG. 6-19-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri	
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BACK INK—MAKE A PERMANENT RECORD

Dr. J. R. Mc Vay
Porter Bldg.
33rd + Perry

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

L. J. Allen

Signed.....
Student Embalmer

Licensed Embalmer No. *1415*

P. O. Address *K. O. M.*

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.