

FILED MAY 10 1956

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

13226

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1811

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) 50 yrs.
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 1730 Troost e. STREET ADDRESS (If rural, give location) 1730 Troost

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Eiland c. (Last) Eiland
4. DATE OF DEATH (Month) (Day) (Year) April 24, 1956

5. SEX M 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 8, 1887 9. AGE (In years last birthday) (Month) (Day) (Hour) (Min.) 69 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Mississippi 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Verlie Eiland

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. None 17. INFORMANT'S SIGNATURE OR NAME Verlie Eiland ADDRESS 1730 Troost

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-vascular Disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
443X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) (Minute) (Second) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 18, 1956 to April 24, 1956, that I last saw the deceased alive on Apr. 24, 1956 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE George H. Taft, M.D. (Degree or title)^D 23b. ADDRESS 2204 E. 18th Street 23c. DATE SIGNED 4-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 28, 1956 24c. NAME OF CEMETERY OR CREMATORY Lincoln 24d. LOCATION (City, town, or county) (State) Kans. City, Missouri

DATE REC'D BY LOCAL REG. 4-26-56 REGISTRAR'S SIGNATURE Neve Minshall 25. FUNERAL DIRECTOR'S SIGNATURE Walter Cross ADDRESS 18th & Benton

(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Bruce R. Watkins*

Licensed Embalmer No. 45

P. O. Address 18th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.