

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9479

State File No.

APR 15 1941

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 888

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

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:
4746 Belleview Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ---
(Specify whether)

In this community: 30 Years
years, months or days

3. (a) PRINT FULL NAME: Mrs. Ella H. Gleissner

3. (b) If veteran, name war: None 3. (c) Social Security No.: None

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mr. William E. Gleissner 6. (c) Age of husband or wife if alive: --- years

7. Birth date of deceased: April 3 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	10	10	28 hr. min.

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

10. Usual occupation: None

11. Industry or business: At Home

12. Name: John E. Hamaker

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

14. Maiden name: Sarah Samms

15. Birthplace: New York City New York
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Ellen Gleissner

(b) Address: 4746 Belleview Avenue

17. (a) Cremation (b) Date thereof: Mar. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director: D.W. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 3/3/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL") 8

(d) Street No.: 4746 Belleview Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.: --- 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 1st
year: 1941 hour: 9 minute: 30 a. M.

21. I hereby certify that I attended the deceased from: Jan 1st, 1941, to: March 1st, 1941, that I last saw her alive on: Feb. 28, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure 10 days

Chronic Myocarditis with Myocardial degeneration 1 yr

Due to: Chronic Arteriosclerosis 7 yrs

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? ---

While at work? --- (Specify type of place) (e) Means of injury: ---

23. Signature: F. C. LaMar (M. D. or other) ---
Address: 624 Professional Date signed: Mar 1-41

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address K. C. Mo

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.