V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27887

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3513

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: General Hospital #1 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 28 min. (Specify whether years, months or days) In this community: 3 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 2402 Cypre ss St., (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ELBER G QUISENBERRY
3. (b) If veteran, name war: No
3. (c) Social Security No. 489-24-8688
4. Sex: Male 0
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: ~~Married~~ W
6. (b) Name of husband or wife: Eunice Bradford Quisenberry
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: No record (Month) (Day) (Year)
8. AGE: Years: About 43 Months: Days: If less than one day: hr. min.
9. Birthplace: Urbana (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Hershey Wholesale Grocers
MOTHER FATHER
12. Name: George Quisenberry
13. Birthplace: Unk. (City, town, or county) (State or foreign country)
14. Maiden name: Annie Peterson
15. Birthplace: Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Elberta Quisenberry
(b) Address: 200 E 38th St.,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Tunas, Mo.
18. (a) Signature of funeral director: John P. Sheil
(b) Address: Kansas City, Mo.
19. (a) 8-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 15 year: 1947 hour: 3 0 minute: 58 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Gunshot of Head
Due to:
Due to: 16 4/C
Other conditions (Include pregnancy within 3 months of death): Deputy Coroner
Major findings: Of operations:
Of autopsy: History & Inspection

Duration

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): Suicide
(b) Date of occurrence: 8/15/47
(c) Where did injury occur? Kansas City Jac Mo (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? No (e) Means of injury: Gunshot
23. Signature: A. E. Usher (M. D. or coroner)
Address: 2800 Main Date signed: 8/15/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.