

S. No. 2  
M-243  
5-17-39  
I X39697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10629**  
Registrar's No. **2595**

FILED JUL 3 1948  
Registration District No. **149**

Primary Registration District No. **1002**

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: Northeast Restorium 4-324 Norledge Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 mos., 27 days  
(Specify whether  
In this community: in K.C.K. 6 1/2 years see above  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Wyandotte  
(c) City or town Kansas City **949**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 236 North 8th St., 14  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Ida Luella Quisenberry  
(b) If veteran, name war no  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 6 day 19  
year 1948 hour 6:00 minute A. M.  
21. I hereby certify that I attended the deceased from Feb 27  
1948 to June 19 1948  
that I last saw her alive on June 18 1948  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Wm H Quisenberry died alive 1915  
6. (c) Age of husband or wife if 1862  
7. Birth date of deceased: Oct 18 1862  
(Month) (Day) (Year)

Immediate cause of death: myocardial failure  
Duration 1 week

8. AGE: Years 85 Months 8 Days 11  
If less than one day hr. min.

Due to Chronic myocarditis  
Due to Senility

9. Birthplace St Joseph Mo  
(City, town, or county) (State or foreign country)

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

10. Usual occupation housewife

Major findings: Senility  
Of operations: 93D  
Of autopsy: 93D  
PHYSICIAN: 93D  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business  
12. Name Charles Frederick  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Smith  
15. Birthplace Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm Percy Wilson  
(b) Address 236 N. 8th St. K.C.K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-21-48  
(Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Hope Cemetery K.C. Kans.

18. (a) Signature of funeral director Fairmuth - Weism  
(b) Address Kansas City, Kansas

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

19. (a) 6-21-48 (Date received by registrar)  
(b) Steraldine Holmes (Registrar's signature)

23. Signature Steraldine Holmes (M? D. or other) Dr.  
Address 225 Fairfield Date signed 6-21-48

Dec 5 30 pm Sat.  
Dr Helen Henry  
at 205 Garfield  
Na 2944

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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 J. Chick Werner

Licensed Embalmer No. 2598

P. O. Address Kansas City, Kansas

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.