

FILED JUN 15 1940

20993

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

2613

S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

399

Primary Registration District No.

1002

Registrar's No.

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:
3812 Walnut Street-3rd Floor North
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3812 Walnut Street 3rd Floor North
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME Mrs. Susan E. Marsh Questa

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. George P. Questa 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased September 1 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 74 Days 9 25 hr. 25 min.

9. Birthplace Bucklin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

12. Name Riley Marsh

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

14. Maiden name Eliza Summers

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Chamberlain
(b) Address -3812 Walnut Street

17. (a) Burial (b) Date thereof June 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield, Missouri

18. (a) Signature of funeral director W. H. Newcomers Son
(b) Address 1401 Brush Creek Blvd.

19. (a) June 27, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1940 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 19 1940 to June 26 1940
that I last saw him alive on June 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 9 mo

Due to 4/6

Due to -----

Other conditions Post-operative Leukemia
(Include pregnancy within 3 months of death)
Multiple Diverticuli of Colon

Major findings: Of operations -----

Of autopsy Same as above

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? 1

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

28. Signature Carl Lewis (M. D. or other) -----
Address 93 Fairview Bldg Date signed 6-27-40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address A. 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, above space should be left blank.