

S. No. 2  
-11-10-39  
5-17-39  
P-1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24053  
State File No.

2663  
Registrar's No.

Registration District No. 399

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  
(c) Name of hospital or institution:  
2908 Prospect Avenue  
(d) Length of stay: In hospital or institution 38 Years  
In this community 38 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2908 Prospect Avenue  
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME Mrs. Mary Bowlus Jeserich  
(b) If veteran, name war None (c) Social Security No. None

20. DATE OF DEATH: Month 7/1/40  
year 1940 hour 5 P.M. minute 15

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mr. Rudolph Jeserich  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased October 19 1874

21. I hereby certify that I attended the deceased from 7/1/40 to 7/1/40  
that I last saw her alive on 7/1/40 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 8 13 hr. min.

Immediate cause of death Pneumonia - Bronche  
Due to Carcinoma of breast  
Due to 50

9. Birthplace Bowlusville, Ohio  
10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death)

11. Industry or business  
12. Name George Bowlus  
13. Birthplace Hagerstown, Maryland  
14. Maiden name Barbara Crabell  
15. Birthplace Tremont, Ohio

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

16. (a) Informant L. E. Morgan  
(b) Address 9341 Spruce  
17. (a) Burial (b) Date thereof July 3, 1940  
(c) Place: burial or cremation Mt. Washington

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director O. H. Newcomer Sons  
(b) Address 1401 Brush Creek Blvd.  
(c) Date received local registrar July 2, 1940  
(d) M. M. Brown (Registrar's signature)

23. Signature Maury M. Brown  
Address 1420 Bryant Bell Date signed

Mrs. Jeserich

**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, above space should be left blank.**