. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5762

State File No. 534

Registration District No. 299 MAR 14 1941

Primary Registration District No. 1002

Registrar's No.

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

48
3
8

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: 3620 Cleveland 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 61 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 0 0

(d) Street No. 3620 Cleveland Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Mary Louise Descher

3. (b) If veteran, name war No

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. Frank Fred Descher

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased February (Month) 26 (Day) 1875 (Year)

8. AGE: Years 65 Months 11 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation At Home

11. Industry or business ------

FATHER
12. Name Charles DeWitt
13. Birthplace (City, town, or county) Belgium (State or foreign country) 4

MOTHER
14. Maiden name Katherine Tifenbrun
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Carl Hoeschele

(b) Address 3620 Cleveland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/6/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 10, 1940, to Feb. 5, 1941; that I last saw her alive on Feb. 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Endocarditis

Due to 131

Due to 131a

Other conditions Chr. Substitutional Nephritis (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy ✓

Duration: 1 [illegible] 10 years; 1 yr.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John R. Lewis (M. D. or other)

Address 3848 Sudeoria Date signed 2/[illegible]

(Licensed Embalmer's Statement on Reverse Side)

3544 Lindenwood Avenue
2-5-78

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 Quisenber

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.