

FILED OCT 24 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3779

48
3
893

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: 3638 Summit
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)

In this community 20 years

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. 3638 Summit
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Noemie LeBourgeois Quackenboss

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10th year 1942 hour 10: minute 55 P. M.

21. I hereby certify that I attended the deceased from Oct 9-42 to Oct 10 1942

that I last saw him alive on Oct 8 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

4. Sex Fe / race Wh

5. Color or race Wh

6. (a) Single, widowed, married, divorced 2 Widowed

(b) Name of husband or wife F.W. Quackenboss

(c) Age of husband or wife if alive XX years

7. Birth date of deceased: April 14 1856
(Month) (Day) (Year)

Duration ?

Due to Senility

Due to Senile Dementia

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

Major findings: Of operations

Of autopsy None

8. AGE: Years 86 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Mt. Airy Plantation La.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Joseph L. LeBourgeois

13. Birthplace Belmont Plantation La.
(City, town, or county) (State or foreign country)

14. Maiden name Noemie Arseneaux

15. Birthplace St. James Parish, La.
(City, town, or county) (State or foreign country)

16. (a) Informant F. W. Quackenboss

(b) Address 3638 Summit

17. (a) Entombment (b) Date thereof 10-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagner Mortuary

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 10-13-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury 0

23. Signature Ward H. Demand (M. D. or other)

Address 2711-20-51st Street Date signed 10-12-42

541

LO-1523
232
Linn
Missouri

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 A. R. Haenschel

Licensed Embalmer No. 4159

P. O. Address Kansas City 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, fact should be so stated above.