. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38408

State File No.

Registration District No. 376

Primary Registration District No. 6282

Registrar's No.

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Macomb Clark Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 yr 3 mo. 14 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 114

(a) State Missouri (b) County Wright 0

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ella May Quissenberry

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 Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 24 (Day) 1941 (Year)

8. AGE: Years 1 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Macomb (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Estel Quissenberry
13. Birthplace Mansfield (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Elda Sowers
15. Birthplace Macomb (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Estel Quissenberry
(b) Address Macomb Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Hollow Cem.

18. (a) Signature of funeral director F. A. Steffe
(b) Address Mansfield Mo

19. (a) Dec 1 1942 (Date received local registrar) (b) Mrs Charles Cramer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 6, 1942 to Nov 6, 1942
that I last saw her alive on Nov 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration 3 days

Due to Severe cold (coryza)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

10 7

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

23. Signature W. A. Zimmerman (M. D. or other) 2 DO
Address Mansfield Mo Date signed 11/9/42

1064 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1-2-42-1,673
Date Filed DEC 7 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by .....

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

working under my personal supervision.

Signed F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.