

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC JUN 10 1949

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

19188
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 324
 (b) Township _____ Primary Registration District No. 3072 Registered No. 100
 (c) City Marshall (d) Street No. Missouri State School (If death occurred in Hospital or Institution, write its name instead of street and number) St. 2
 (e) Length of residence in city or town where death occurred 1 yrs. 9 mos. 21 ds. (f) How long in U. S.; if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wanda Magdalane Quessenberry

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6th 1926
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 10 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Macomb, Missouri

13. NAME Romie G. Quessenberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Florence Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

17. INFORMANT (ADDRESS) Missouri State School Records Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Macomb, Mo. DATE May 3, 1949

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. L. Weather

20. FILED May 2 1949 W. L. Weather Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1949
 22. I HEREBY CERTIFY, That I attended deceased from August 15, 1941, to May 1, 1943
 I last saw her alive on May 1, 1943. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset ?
Feeble Minded Birth
 Other contributory causes of importance: 930

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Palmer Prunum Borish M. D.
 (Signed) Missouri State School, Marshall, Missouri (Address)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-9-43

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 J. Louis Murray

Licensed Embalmer No. 3235

P. O. Address Marshall Ave.

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.