

FILED FEB 28 1944
Registration District No. _____

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 **Low City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1320 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **25 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Low City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1320 Harrison**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Queener**
(b) If veteran, name war **No**
(c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **2**
year **1944** hour **9** minute **am** M.
21. I hereby certify that I attended the deceased from **Reputy Coroner** 19____
to **Coroner** 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Temperance Queener**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) **Aug** (Day) **2** (Year) **1859**

Immediate cause of death:
Atherosclerotic Heart Disease
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years **84** Months **5** Days **-**
If less than one day _____ hr. _____ min.
9. Birthplace **Missouri**
(City, town, or county) _____ (State or foreign country) _____
10. Usual occupation **Stone Mason**

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

MOTHER FATHER {
11. Industry or business _____
12. Name **Wm Queener**
13. Birthplace **Kentucky**
(City, town, or county) _____ (State or foreign country) _____
14. Maiden name **no record**
15. Birthplace **Ill**
(City, town, or county) _____ (State or foreign country) _____
16. (a) Informant **Lee Queener**
(b) Address **1918 - Kan Ave**
17. (a) **Burial** (b) Date thereof **1-6-44**
(Burial, cremation, or removal) _____ (Month) (Day) (Year)
(c) Place: burial or cremation **Int Washington**
18. (a) Signature of funeral director **W. J. Brown**
(b) Address **1611 Mo**
19. (a) **Jan 5, 1944** (b) **J. E. 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)
(c) Means of injury _____
23. Signature **W. J. Brown** (M. D. or other) **M. D.**
Address **22 Mo Ave** Date signed **1/5/44**

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..... *Harry Beymo*

Licensed Embalmer No. *2841*

P. O. Address *Kan 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.