V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29849

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3940

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: DORA DOAN NURSING HOME - 3418 WABASH 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ 6 mo (Specify whether

In this community 58 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4134 ROANOKE ROAD 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ------

3. (a) PRINT FULL NAME MISS ADA MARCELLA QUIETT

3. (b) If veteran, name war NO

3. (c) Social Security No. ~~none~~ 546-22-0193

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ------

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

7. Birth date of deceased AUGUST (Month) 16 (Day) 1872 (Year)

8. AGE: Years 73 Months 1 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace PARDEE (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation BUYER

11. Industry or business HARZFELD'S

FATHER
12. Name EDWIN CLAY QUIETT
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name ELIZABETH ANN ADKINS
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Dora Doan

(b) Address 3418 Wabash

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-24-45 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Pardee Kans.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-24-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 21 ST year 1945 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 8 th, 1945, to Sept. 21, 1945 that I last saw her alive on Sept. 21, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema. — Duration 2 days

Due to Carcinoma - metastatic (original of cervix.

Due to

Other conditions Chronic Atrophic Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 48a

Of autopsy

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 [signature] (M. D. or other) [signature]

Address K. C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

6th Professional Bldg
12-1

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address K. C. 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.