S. No. 2
0M—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Acme

State File No. 13460

FILED MAY 9 1946

Registration District No. 4 Primary Registration District No. 3026 Registrar's No. 147

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 47 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence Rural 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2424 Overton 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME GEORGE D. QUEENER
3. (b) If veteran, name war World War One
3. (c) Social Security No. 490-09-1022
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mabel M. Queener
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb. (Month) 28 (Day) 1899 (Year)
8. AGE: Years 47 Months 2 Days 4 If less than one day hr. min.
9. Birthplace Warrensburg (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Laborer
11. Industry or business Ford Moter Company
FATHER 12. Name William Queener
13. Birthplace Unknown (City, town, or county) Iowa (State or foreign country) 1
MOTHER 14. Maiden name Lena Shaneyfeldt
15. Birthplace Wright City (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mabel M. Queener
(b) Address 2424 Overton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director George E. Gerson
(b) Address Independence, Mo.
19. (a) Apr. 27, 1946 (Date received local registrar) (b) James L. Baird (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1946 hour 11 minute 40 A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner — Duration
Acute Coronary Insufficiency
Due to
Due to Coronary ~~Occlusion~~ Sclerosis.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See Above 940

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 A. E. Usher (M. D.)
Address 2800 Main Date 4-22-46

354 (Licensed Embalmer's Statement on Reverse Side)

MAY 16 [redacted]

JUL 16 [redacted]

MAY 10 1946

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: Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence

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.