

S. No. 2  
-12-45  
5-17-39  
P 1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9333**  
Registrar's No. **1218**

FILED APR 1 1947  
Registration District No. **149**

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 **Kansas City**  
(c) Name of hospital or institution: **K. C. Convelesant Home 3200 Norled**  
(d) Length of stay: **3 years**  
In this community **84 years**

3. (a) PRINT FULL NAME **ROSE PRICE QUIETT**  
3. (b) If veteran, name war **NO**  
3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Hiram Quiett**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **October 30 1862**

8. AGE: Years **84** Months **4** Days **15**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Weston, Missouri**

10. Usual occupation **Home**

11. Industry or business **Home**

12. Name **Washington T. Woods**  
13. Birthplace **Unknown**

14. Maiden name **Nan McKinney**  
15. Birthplace **Unknown**

16. (a) Informant **Miss Nelle Quiett**  
(b) Address **3241 Paseo K. C. 3 Mo**

17. (a) **Burial** (b) Date thereof **Mar 17, 1947**  
(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **Wilks Funeral Home**  
(b) Address **2315 Linwood K. C. 3 Mo**

19. (a) **3-17-47** (b) **Stearline Holmes**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **5640 College**  
(e) Citizen of foreign country? **No**  
If yes, name country **No**

20. DATE OF DEATH: Month **March** day **15th**  
year **1947** hour **10** minute **30 A.M.**  
21. I hereby certify that I attended the deceased from **Aug 15** 19**46** to **Mar 15** 19**47**  
that I last saw h. **er** alive on **Mar 12** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease, moderate course**  
Due to **Arteriosclerosis, gen, mod-severe, cause indet.**  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **None**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature **Paul Pearson** (M.D. or other) **M.D.**  
Address **1025 1/2 Bull Run Rd, K.C. Mo** Date signed **3/16/47**

Dr. Paul E. Pearson  
5340 Michigan  
Ja 2558

---

---

**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.....

*Chas E W Fields*

Licensed Embalmer No.....

*2644*

P. O. Address.....

*H 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.**