

FILED JUN 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

16624

State File No.

Registration District No. 146

Primary Registration District No. 5368

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Jackson Blue
(b) City or town Fairmount Station, K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10309 East 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years
(Specify whether years, months or days) 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Fairmount Station, K.C. Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10309 East 9th.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No?)
If yes, name country None

3: (a) PRINT FULL NAME Cecile May DUSENBERY

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 Widowed

6. (b) Name of husband or wife Henry Dusenbery 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 21 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 24 hr. min.

9. Birthplace Friend Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Self Employed

12. Name Charles W. Sigman

13. Birthplace Abdengdon, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Beggs

15. Birthplace Unknown Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Verna Allison
(b) Address 10309 East 9th.

17. (a) Burial (b) Date thereof 5-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director George C. Carson F. Home
(b) Address Independence, Missouri

19. (a) 5-18-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th.
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug, 1947, to May 15, 1948.
that I last saw her alive on May 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Melanotic Carcinoma of chest 1 year
Due to Carcinoma Primary Left breast (Removed) 3 yrs
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 50
Of autopsy

Duration

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?

23. Signature [Signature] M.D. or other
Address 1210 Oak, Underp. Mo. Date signed 5-17-48

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

MOTHER FATHER

JUN 21 1948

JUL 1 1948

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.....

R. A. Gale

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.