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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26264

Primary Registration District No. 1002

Registrar's No. 3040

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

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: 4217 Oak Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 38 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4217 Oak Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Rose Pearl Dusher

3. (b) If veteran, name war: No

3. (c) Social Security No.: 494-12-5579

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: James E. Dusher

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

7. Birth date of deceased: October (Month) 1st. (Day) 1879 (Year)

8. AGE: Years 68 Months 9 Days 22 If less than one day hr. min.

9. Birthplace: Wright City, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Wilham Fred Kemner
13. Birthplace: New Melle (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary Ellen Leek
15. Birthplace: Warrenton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Carl Goss
(b) Address: Sunflower Village, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri

19. (a) 7-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd. year 1948 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1948, to July 23, 1948; that I last saw her alive on July 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Pancreas with metastases to liver	2 mos.
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death) 40%	

Major findings:
Of operations —
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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature: William F. Jenkins (M.D. or other)
Address: 820 Professional Bldg. Date signed: 7/24/48.

(Licensed Embalmer's Statement on Reverse Side) R. C. Ma

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 Willis H. Bennett

Licensed Embalmer No. 4438

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.