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| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | | c. LENGTH OF STAY (in this place) 59 YRS | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1104 EAST ARMOUR BLVD. | | | | c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | | | | |
| | | | | d. STREET ADDRESS (If rural, give location) 1104 EAST ARMOUR BLVD. | | | | | |
| 3. NAME OF DECEASED (Type or Print) MAUDE | | | a. (First) | | b. (Middle) VIOLA L. | | c. (Last) QUISENBERRY | | |
| 4. DATE OF DEATH | | (Month) | | (Day) | | (Year) | | | |
| JAN. | | 9. | | 1949 | | | | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH JULY-4-1889 | | | |
| 9. AGE (In years last birthday) 59 | | # UNDER 1 YEAR Months | | # UNDER 1 YEAR Days | | # UNDER 1 YEAR Hours | | | |
| 10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) KANSAS CITY, KANSAS | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME CYRUS LOGAN | | | 13b. MOTHER'S MAIDEN NAME MARY THOMPSON | | | 14. NAME OF HUSBAND OR WIFE DAVID R. QUISENBERRY | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y or N, or unknown) No | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS DAVID R. QUISENBERRY 1104 EAST ARMOUR BLVD. KANSAS CITY, MO. | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Loban Pneumonia | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 490 | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Deputy Coroner | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? D | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE A. E. Upsher | | | (Degree or title) M.D. | | | 23b. ADDRESS 2800 Main | | 23c. DATE SIGNED 1/10/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE JAN-11-1949 | 24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | | | | |
| DATE REC'D BY LOCAL REG. 1-11-49 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | | 25. FUNERAL DIRECTOR'S SIGNATURE O.A. Newcomer Sons | | ADDRESS 1401 BAWSH GREEN BLVD. KANSAS CITY, MO. | | |

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Jess T. Dew*
Licensed Embalmer No. *445-3*

P. O. Address *Kansas City*

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.