

Registration District No. 145-628

Primary Registration District No. 625-3031

Registrar's No. 358145

1. PLACE OF DEATH:

(a) County Nodaway /
(b) City or town Maryville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)
In this community 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 315 East 3rd St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1937 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from Aug 15, 1937, to Nov 9, 1937;
that I last saw him alive on Nov 9, 1937
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 days

Due to Chronic Arthritis 1911

Other conditions Chronic Arthritis 2 yrs
(Include pregnancy within 3 months of death)

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature J. A. Blumer (M. D. or other) _____
Address Maryville Mo Date signed 11/11/37

3. (a) PRINT FULL NAME Ruth McQuinn 250

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Maurice McQuinn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 30, 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Pittsburg Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 5

12. Name James Glass

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

14. Maiden name Mary Ann McCann
(City, town, or county) (State or foreign country)

15. Birthplace Pittsburg Penn
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martin J. McQuinn

(b) Address Maryville Mo

17. (a) Burial (b) Date thereof 11-13-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Columbia, Conception

18. (a) Signature of funeral director Clara M. Price

(b) Address Maryville Mo 581

19. (a) 11-13-39 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Clara M. Price

Licensed Embalmer No.....

1822

P. O. Address.....

Mayville, 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, above space should be left blank.