

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 235

1. PLACE OF DEATH:
(a) County Randolph 2
(b) City or town Moberly
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME EDMAN QUINN 500

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

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced ✓

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

7. Birth date of deceased Dec 14 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 15 min.

9. Birthplace Moberly Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____ 0

11. Industry or business _____

12. Name Ollie Quinn 0

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

14. Maiden name Ruby Buckner

15. Birthplace Moberly Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruby Buckner

(b) Address 710 S Fourth St

17. (a) Burial (b) Date thereof Dec 14 '39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director J. A. Carr

(b) Address 217 N. 5th St 671

19. (a) Dec 14 '39 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 710 S Fourth
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1939 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from 5:30 A.M.
Dec-14- 1939, to 5:45 A.M., Dec-14, 1939,
that I last saw him alive on Dec-14- 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Caution Duration 7

Due to Being one of twins and another poorly nourished

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 12

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 _____

23. Signature E. H. Shrader (M. D. or other) _____
Address Moberly, Mo. Date signed 12-14-39

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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-158

Date Filed JAN 11 1940

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.....

Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address 417 N. 5th

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.