

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 15 1940 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1999
Registrar's No. 7

Registration District No. 156 Primary Registration District No. 5219

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Harrisonville (Rural)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Harrisonville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charley C. Quinn
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 27
year 1940 hour 1 minute P M.
21. I hereby certify that I attended the deceased from 1 26, 1940 to 1 27, 1940
that I last saw him alive on 1-27 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lucile C. Quinn 6. (c) Age of husband or wife if alive 1878 years
7. Birth date of deceased Feb 15 (Month) 15 (Day) 1878 (Year)

Immediate cause of death Acute alcoholism
Due to Influenza
Due to Chronic Myocarditis
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 61 Months 10 Days 12 If less than one day hr. _____ min. _____
9. Birthplace Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name J. B. Quinn
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Lucille C. Winkelman
15. Birthplace Germany (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant C. G. Quinn
(b) Address Hawatha Kans
17. (a) Burial (b) Date thereof Jan 29 1940 (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Orion Cemetery
18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO. 6465
19. (a) 1/29/40 (b) George W. Quinn (Date received local registrar) (Registrar's signature)

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) (or Means) of injury _____
23. Signature David Stark (M. D. or other) _____
Address Harrisonville Date signed 1/29/40

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

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 _____

Ernest Runnenbayer

Licensed Embalmer No. *3368*

P. O. Address *Harrisoville 9*

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.