

FILED MAR 14 1940

Registration District No. _____

Primary Registration District No. 3007

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

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.

1. PLACE OF DEATH: 1
(a) County Butler
(b) City or town Paplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Paplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether in this community years, months or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER
(c) City or town Paplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 305 So 6th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LEO FRANCIS QUINN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 8
year 1940 hour 11 minute 0 M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Apr. 10 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15, 1940, to Feb. 8, 1940;
that I last saw him alive on Feb. 8, 1940;
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 9 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death Colic and intestinal rupture & cholelithiasis
Due to _____
Due to _____

9. Birthplace Paplar Bluff, MO
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) acute dilatation of heart
Major findings: Of operations none
Of autopsy none

10. Usual occupation Druggist
11. Industry or business Druggist
12. Name Leo P. Quinn
13. Birthplace County of Cork, Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary P. Quinn
15. Birthplace Penn
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature Septa Stanley
(b) Address Paplar Bluff, MO
17. (a) Burial (b) Date thereof Feb. 11-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cemetery
18. (a) Signature of funeral director NT Phelps
(b) Address Paplar Bluff, MO
19. (a) 7/11/40 (b) Chelitschew
(Date received local registrar) (Registrar's signature)

23. Signature Wm Kammbran (M. D. or other) _____
Address Paplar Bluff, Mo Date signed 2-7-40

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 *A. J. Phelps*

Licensed Embalmer No. 3231

P. O. Address *Paplar Beech*

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.