

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20997**
Registrar's No. **2614**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2636 Wabash Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --- (Specify whether
In this community 66 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2636 Wabash Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Mrs. Altha Wheeler Quinn **500**

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr. Frank T. Quinn 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 30 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 24 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name Georgia B. Wheeler **0**

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

14. Maiden name Lena Jackson

15. Birthplace Plattsburg Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank T. Quinn Jr

(b) Address 2636 Wabash Ave

17. (a) Burial (b) Date thereof June 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) June 27, 1940 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1940 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6-23-40
19, to 6-24-40 19;

that I last saw her alive on 6-23-40 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage **2 days**

Due to hypertension **?**

Due to the interstrial **31**

myhubs **2**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence 1

(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 Edward J. ... (M. D. or other)

Address ... 15th St. N.E. M. Date signed 6-25-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

626 Falding Body
10-3

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..... *C. Hervey Quisenberry*
Licensed Embalmer No. *4070*
P. O. Address..... *K. C. 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.