No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37649

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4247

RECD DEC 11 1940

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

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:
Track #4 Union Station
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community None
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 720 W. 5th St. Sedalia, Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH QUINN

3. (b) If veteran, name war World War

3. (c) Social Security No. 278-03-7982

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Quinn

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April (Month) 14 (Day) 1888 (Year)

8. AGE: Years 52 Months 6 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace ~~Ireland~~ Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman 5

11. Industry or business 5

FATHER
12. Name Corneluis Quinn
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget Mc Ginley
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James P. Quinn
(b) Address K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 9 (Day) 40 (Year)
(c) Place: burial or cremation Calvary, Sedalia, Mo.

18. (a) Signature of funeral director Mclaughlin Funeral Home
(b) Address Sedalia, Missouri

19. (a) 11-7-40 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 11-7-40
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 7 00 a. ..... to ..... 19....;
that I last saw the deceased alive on ..... 19....;
and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death ..... Duration

Acute pulmonary edema

Due to Acute Coronary occlusion

Due to Coronary sclerosis

Other conditions
(Include pregnancy within 3 months of death)

9 4 B

Major findings:
Of operations .....

Of autopsy Yes

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 5

23. Signature [signature] (M. D. or other)
Address K. C. Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1945

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.....Blaine E. Weiler

Licensed Embalmer No.....4075

P. O. Address.....2332 Moreton St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.