

2-40
-39
K23159

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Sidney H. Quirells

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

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

6. (b) Name of husband or wife Roberta Quirells
6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Sept 1897
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business Tire Motor Parts

12. Name John Quirells

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

14. Maiden name Roberta Habline
(City, town, or county) (State or foreign country)

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

16. (a) Informant Roberta Quirells
(b) Address El Dorado Springs Mo

17. (a) Burial (b) Date thereof June 25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stackton
18. (a) Signature of funeral director Roberta Quirells
(b) Address El Dorado Springs Mo

19. (a) June 25-41 (b) J. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Burbon 999
(c) City or town FT. Scott 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 2
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1941 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from June 14, 1941, to June 22, 1941;
that I last saw him alive on June 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis

Due to Syphilis

Due to 30

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 _____

(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? 1511

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

23. Signature J. Dawson (M. D. or other) D
Address El Dorado Springs Date signed 6-25-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1132

Date Filed 7-8-41

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 George W. Mofus

Licensed Embalmer No. 2752

P. O. Address El Dorado Springs

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, fact should be so stated above.