No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22841

State File No.

Registration District No. 796 Primary Registration District No. 6039 Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County Saline Marshall Tp

(b) City or town ~~Marshall~~ "Rural" (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence. R.F.D. 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Three years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

(c) City or town Marshall Rural (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 4 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Reba S. Quinley

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harry T. Quinley

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. 22, 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	6	3	hr. min.

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

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER

12. Name Henry Carroll Timmonds

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

14. Maiden name Katherine Faust

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

16. (a) Informant H W Timmonds

(b) Address Lamar, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/41 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director [illegible]

(b) Address Marshall Mo

19. (a) 6-27-41 (Date received local registrar) (b) Mary Kent Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1941 hour 3 minute 50 p. M.

21. I hereby certify that I attended the deceased from held in quest June 26th, 1941 that I last saw h — alive on —, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy No

Duration

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 Saline Co.

23. Signature C. L. Lawless Coroner (M. D. or other)

Address Marshall Mo Date signed 6-26-41

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1941

AUG 4 1941

AUG 20 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-10-41

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 J. Leslie Surrey

Licensed Embalmer No. 3235

P. O. Address Marshall

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

If this body is not embalmed, fact should be so stated above.