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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28890

Registration District No. 574 Primary Registration District No. 5773A Registrar's No. 7

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Harrison Township
(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 (Specify whether
In this community All his Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michel Francis Quirk

3. (b) If veteran, name war World War 3. (c) Social Security No.

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

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Jan (Month) 8 (Day) 1893 (Year)

8. AGE: Years 48 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Moniteau (City, town, or county) O Mo (State or foreign country)

10. Usual occupation Guard at Penitentiary

11. Industry or business

FATHER
12. Name Wm Martin Quirk
13. Birthplace Moniteau (City, town, or county) O Mo (State or foreign country)

MOTHER
14. Maiden name Mary Sweeny
15. Birthplace Pettis (City, town, or county) O Mo (State or foreign country)

16. (a) Informant Margaret Quirk
(b) Address Eifon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16-1941 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem at Jefferson City Mo

18. (a) Signature of funeral director William & Friedmyer
(b) Address California Mo

19. (a) 8-16 (Date received local registrar) (b) Jewell H. Phillips

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14th year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dead when first seen, 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic heart disease and enlargement of heart	20 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Kenyon Latham (M.D. ~~or other~~) Coroner
Address California, Mo. Date signed 8/16/41

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(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1941

NOV 8 1941

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 H. E. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California M

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

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