. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37286

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4080

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: 4027 Harrison (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 4027 Harrison (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James S. Quinn

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex 0 Male

5. Color or race White

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

6. (b) Name of husband or wife Bridget Malloy

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

7. Birth date of deceased April 8, 1856 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Co. Armagh (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Retired Shoemaker

11. Industry or business

FATHER
12. Name Edward Quinn
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose McCooey
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs May Drumheler

(b) Address 4027 Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tobin Co. K.C., Mo.

(b) Address

19. (a) 11-2-41 (Date received local registrar) (b) M. McCrown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1941 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Oct 23-41, 19.... to Oct 31, 1941; that I last saw him alive on Oct 31, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	1 day
Due to Cerebral Hemorrhage	8 days
Due to 83a	
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 J. W. Gauerholz M.D. (M. D. or other) 0

Address 3706 Broadway K.C. Mo. Date signed 11/1-41

(Licensed Embalmer's Statement on Reverse Side)

Mr Quinn

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 John J. Conroy, Registered Apprentice No. 307 working under my personal supervision.

Signed Charles M Quinn

Licensed Embalmer No. 3634

P. O. Address Kansas City M

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

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