

Registration District No. **5499**

Primary Registration District No. **1002**

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: **Vineyard Park Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 minutes**
(Specify whether years, months or days)

In this community **23 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Percy M. Quigle**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Christine A. Quigle**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **November 10 1884**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	5	5hr.min.

9. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman and F**

11. Industry or business **Hotel Operator**

MOTHER FATHER

12. Name **David Quigle**

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

14. Maiden name **Ellen Chadwick**

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

16. (a) Informant **Mrs. Christine A. Quigle**

(b) Address **521 E. 9th**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **4-18-1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **4-15-42** (Date received local registrar)

(b) **M. M. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **Congress Hotel, 521 E. 9th**
(If rural, give location)

(e) Citizen of foreign country? **No**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr. 2** day **14** year **1942** hour **12** minute **30** a.m.

21. I hereby certify that I attended the deceased from **Apr. 14 1942** to **Apr. 15 1942**

that I last saw him alive on **Apr. 14 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy following perforation of duodenum**

Due to **arteriosclerosis of blood vessels**

Due to **117B**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations **none**

Of autopsy **seen**

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?.....

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

23. Signature **M. M. Crowe** (M: D. or other)

Address **303 Waldwin Bldg.** Date signed **4/15/42**

Dr. W.D. Stipe
9130-6100
117755 - Waldheim
Body

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 Clarence H. Chiles
Licensed Embalmer No. 3473
P. O. Address 76 E 760

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.