

FILED JUN 23 1942

Registration District No. _____

Primary Registration District No. 2.006-5115

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME McQuertey, William

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M 0 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Sarah Katherine
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June 21 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER { 12. Name David McQuertey

13. Birthplace 10 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah C. Hankins

15. Birthplace Ray County 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Patient

(b) Address Rayville, Mo.

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director J. E. Broadhurst

(b) Address Rayville, Mo.

19. (a) May 30-42 (b) E. Alma H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rayville
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1942 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 8th, 1942 to May 30th, 1942
that I last saw him alive on May 30th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchopneumonia
Due to Ca Rectum
Duration 3 days
42 yrs

Due to H6d
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Ca Rectum
Of operations _____
Of autopsy Bilat Pneumonia
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? _____

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

23. Signature Gene H. Hartstaff M.D. or other _____
Address E. Fischel Cancer Hosp Date signed 5/30/42

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

10
2
4

89

27402
1924
A. J. BROADHURST
1907-1914

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. P. Broadhurst
Licensed Embalmer No. 2171
P. O. Address Rayville Mo

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.

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