

FILED OCT 5 1942
Registration District No. 102/47

Primary Registration District No. 1002

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 K.C. General Hospital No. 1
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 4 days & 8 days
(Specify whether years, months or days) 40 yrs

3. (a) PRINT FULL NAME Earl Quinn

3. (b) If veteran, name war no 3. (c) Social Security No. 48609-2679

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Mae Quinn 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Apr 27 - 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Ohio - Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & decorator

11. Industry or business

MOTHER FATHER
12. Name No Record
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Mae Quinn

(b) Address 2816 Askew

17. (a) Burial (b) Date thereof Sept 25 - 1942
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Calvary Rev. Ch. R.

18. (a) Signature of funeral director Wm. R. Foster

(b) Address 914 Brooklyn

19. (a) 9/24/42 (b) W. M. Crow
(Date received local registrar) (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. 2816, Askew
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd
year 1942 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from 5-15-42
1942 to 9-23-42 1942

that I last saw him alive on 9-23-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerular nephritis with uremia and hypertensive heart disease

Due to

Due to 131 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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 Wm. R. Thom (M. D. or other)

Address Med. Dir. K.C. General Hospital Date signed

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

NOV 24 1967

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 *Theron D. Redmon*

Licensed Embalmer No. *2737*

P.O. Address *A.L. 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.