

FILED FEB 25 1943
Registration District No. 1943

Primary Registration District No. 1003

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:
4912 Agnes Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community 40 Years
years, months or days)

3. (a) PRINT FULL NAME Mr. Carl Dudley Quimby

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-6577

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Mrs. Edna Quimby

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

7. Birth date of deceased August 20 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>28</u>	<u>11</u> hr. <u>--</u> min.

9. Birthplace Malden Massachusetts
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper and Accountant
Continental Export Grain Co.

11. Industry or business Continental Export Grain Co.

12. Name Henry Quimby

13. Birthplace Boston Massachusetts
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Unknown

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

16. (a) Informant Carl H. Quimby

(b) Address 4912 Agnes Ave. Mo.

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

(b) Date thereof Feb. 3, 1943
(Month) (Day) (Year)

(c) Place: burial of cremation Floral Hills Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) I-3-43 (Date received local registrar)

(b) M. M. Brown (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. 4912 Agnes Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st
year 1943 hour 5 minute 17 A. M.

21. I hereby certify that I attended the deceased from Jan 16 1943 to Feb 1 1943
that I last saw him alive on Jan 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis

Due to Bronchial Pneumonia

Due to Influenza

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?

While at work (Specify type of place) (Specify means of injury)

23. Signature George C. Lee (M. D. or other)

Address 1630 Prof of Bldg Date signed 2/1/43

1:30 Professional Body
1:30-5:30

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..... *C. Hervey Quisenberry*
Licensed Embalmer No..... *4070*
P. O. Address..... *KC 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.