

FILED NOV 8 1943

Registration District No. 226

Primary Registration District No. 5799

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Monroe Co.

(b) City or town Madison, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community Entire life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 069

(c) City or town Madison, Mo. Rural
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Joseph Anderson Quinley

3. (b) If veteran, name war: X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maragart Quinley 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: Oct-12th-1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	11	20	hr. min.

9. Birthplace Monroe Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmin

11. Industry or business Same

12. Name William Quinley

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name ary ay giness

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

16. (a) Informant A. K. Quinley

(b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 10-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holliday Mo.

18. (a) Signature of funeral director Melloni + Barkeler

(b) Address Shelbina, Mo.

19. (a) Oct 26-43 (b) Otis Hedberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 2 day 1943
year hour 5:45 minute 0 M.

21. I hereby certify that I attended the deceased from Sept. 28
1943 to Oct 2, 1943

that I last saw him alive on Oct 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease Duration 5 Days

Due to

Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature F. A. Barnett (M. D. or other) MD

Address Gars, Mo. Date signed 10-24-43

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

RECEIVED

District Health Officer No. 10

District File Number 11-43-1754

Date Filed

NOV 5 1943

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.....

W. H. Hawkins

Licensed Embalmer No.....

3498

P. O. Address.....

Shelbina - W.

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.