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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6279

Registrar's No. 914

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: Smart Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hrs. (Specify whether

In this community 24 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 3303 Troost (If rural, give location) 8

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME MARIAN - P - QUINN

3. (b) If veteran, name war no

3. (c) Social Security No. 509-16-1010

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Minnie Quinn

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 4 (Day) 1882 (Year)

8. AGE: Years 61 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Blue Rapids (City, town, or county) Ks. 1 (State or foreign country)

10. Usual occupation Telephone Work

11. Industry or business

FATHER
12. Name Jerry Quinn
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Fred Wertenberger

(b) Address 3303 Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26-44 (Month) (Day) (Year)

(c) Place: burial or cremation Waterville Ks

18. (a) Signature of funeral director C. A. Theisen

(b) Address 2512 Holmes

19. (a) 2-25-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1944 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on Deputy Coroner, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death 3° Burns entire Body

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 18 1-1 15

Major findings: Of operations

Of autopsy Inspection and History

Duration

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) Accident 123

(b) Date of occurrence Feb. 22, 1944

(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)

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

While at work? No (e) Means of injury Burns

23. Signature A. E. Ussher (M. D. or other) M. D.

Address 22 McCoy Date signed 2/28/44

(Licensed Embalmer's Statement on Reverse Side)

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 P. G. Therian

Licensed Embalmer No. 2361

P. O. Address 2512 Helms St

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.