S. No. 2
DM—2-43
v. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6813

Registration District No. ____ Primary Registration District No. 5798 Registrar's No. 11

1. PLACE OF DEATH:

(a) County: Carroll

(b) City or town: Rural Trotter
(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: None (Specify whether

In this community (years, months or days): Sixty Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Carroll 17

(c) City or town: Trotter Township - rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Carrollton, Missouri RFD #5 0
(If rural, give location)

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

If yes, name country: — 0

3. (a) PRINT FULL NAME: Lincolin Quillin.

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White. /

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

6. (b) Name of husband or wife: Mary Catherine Quillin

6. (c) Age of husband or wife if living: 78 years

7. Birth date of deceased: Aug (Month) 5 (Day) 1860 (Year)

8. AGE: Years 83 Months 5 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: Marion County, Iowa. / (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Adam Quillin.

13. Birthplace: Ohio / (City, town, or county) (State or foreign country)

14. Maiden name: Nancy Ann Quillin.

15. Birthplace: Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant: Carrie Mohring

(b) Address: York, Neb.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2.II.44 (Month) (Day) (Year)

(c) Place: burial or cremation: Antioch Cemetery.

18. (a) Signature of funeral director: John G. Deitch

(b) Address: Norborne Mo.

19. (a) 2-14-44 (Date received local registrar) (b) Mrs James Rafferty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 20, 1940, to February 8, 1944, that I last saw h. alive on February 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	
Due to hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): Cholelithiasis	

Major findings:
Of operations: none
Of autopsy: not performed

930

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Nicole Wheeler (M. D. or other) MD

Address: Norborne, Mo. Date signed 2-10-44

1093 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-8-44

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 John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.