S. No. 2
—9-4-41
5-17-39
PI X29484

56
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7629

State File No.

Registration District No. 178 Primary Registration District No. 4284 Registrar's No. 25

1. PLACE OF DEATH:
(a) County Lewis County
(b) City or town LaBelle Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 56
(c) City or town LaBelle Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Morgan Quail
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 26 1861 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 5 If less than one day hr. min.

9. Birthplace LaBelle Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Robert Quail
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ann Holdman
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant Harry Naylor
(b) Address LaBelle Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1944 (Month) (Day) (Year)
(c) Place: burial or cremation LaBelle Cemetery
18. (a) Signature of funeral director Geth Barker
(b) Address Wyaconda Mo
19. (a) 2-3-44 (Date received local registrar) (b) P. W. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 1 day 1944
year 1944 hour minute 10 a.M.
21. I hereby certify that I attended the deceased from Dec 10, 1943 to Feb 1, 1944
that I last saw him alive on Feb 1, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death obstruction of the transverse colon don know the nature
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
122 f 2

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)
(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 2
23. Signature L. L. Cooter (M. D. or other)
Address LaBelle Mo Date signed 2-1-44

987

(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.....Geo O. Barbee

Licensed Embalmer No.....1817

P. O. Address.....Wyoming, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.