S. No. 2
M—5-42
5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27046

State File No. 3331

FILED AUG 23 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: 4014 Troost Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 45

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

(d) Street No. 4014 Troost Ave. 5
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 8

If yes, name country

3. (a) PRINT FULL NAME Mrs Ella Quinn Williams

3. (b) If veteran, name war No

3. (c) Social Security No. 495-09-4473

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Peter A. Williams

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec. 13, ~~1881~~ 1871
(Month) (Day) (Year)

8. AGE: Years 73 ~~62~~ Months 7 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Cedar Rapids, Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Troy Cleaners

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

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

Qu. Ay. 10-23-44

16. (a) Informant Miss Kathryn Quinn
(b) Address 4014 Troost Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.

19. (a) 8-12-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11th year 1944 hour 5 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Dec 20, 1942, to Aug 10, 1944; that I last saw her alive on Aug 10, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 days
Due to arteriosclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 George H Moreland (M. D. or other) M D
Address 5-20 Professional Bldg Date signed 8-12-44

(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 Thomas E. Zink

Licensed Embalmer No. 3775

P. O. Address R. C. Md

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson ss.

State File No.
Local Registrar's No. 3331

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of Sep, 1944, before me appears Miss Kathryn Quinn, who, upon her oath, states that the original record of birth/death for Ella Quinn Williams, died ~~born~~ aug 11th, 1944, in the State of Missouri, and which was filed at K-C on 8/12-1944, should be corrected as follows:

Item No. 7 should read Dec. 13 1870
Instead of Dec 13, 1881
Item No. 8 should read 73 years 7 Mos 28 days
Instead of 62 years, 7 Mos 28 Days
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Kathryn Quinn Sister
Relationship.

4014 Troost Ave 1st S.
Present Address.
Kansas City Mo.

Subscribed and sworn to before me this 8th day of September, 1944

My Commission expires Oct. 20. 1947 Carrie M Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-8-42
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