

Basket
26796

FILED AUG 20 1945

Registration District No. 308 Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days
(Specify whether years, months or days)

In this community 71 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Rocheport
(If outside city or town limits, write "RURAL") 6

(d) Street No. Route 1
(If rural, give location) 6

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MAIMEE FLORENCE McQUITTY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Joel Morris McQuitty

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

7. Birth date of deceased 7 - 12 - 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>11</u>	<u>25</u>	hr. <u> </u> min. <u> </u>

9. Birthplace Virginia /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Henry Jackson Brown

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Elizabeth Bell

{ 15. Birthplace Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant J.M. McQuitty Jr.

(b) Address Rocheport, Mo.

17. (a) Burial (b) Date thereof 7-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Columbia, Mo.

19. (a) 7-9-45 (b) E.abra H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1945 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from June 20 1945 to July 7 1945
that I last saw her alive on July 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction 4 mos
(stroke and embolus)

Due to Arterio-sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 97

Of autopsy

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? (c) Means of injury

23. Signature E. D. Basket (M. D. or other) M.D.
Address Columbia, Mo. Date signed 7/10/45

1220

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

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 8-16-45

FEB 26 1947

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 Frank L. Taylor
Licensed Embalmer No. 41327
P. O. Address Columbia, 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.