S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1945

State File No. 29850

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4102

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hosp. No. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sept. 28 – Sept. 30 (Specify whether

In this community 3 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 214½ Missouri (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George A. Quinn

3. (b) If veteran, name war no

3. (c) Social Security No. 500-14-2410

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr. (Month) 11 (Day) 1910 (Year)

8. AGE: Years 35 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Ackerman (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business C. F. Johnson, Transfer Co.

FATHER
12. Name George Quinn
13. Birthplace (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Musetta Hanna
15. Birthplace Tuscaloosa (City, town, or county) Ala. (State or foreign country)

16. (a) Informant Musetta Taylor senor

(b) Address 630 rear So Wellington Memphis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5 (Month) (Day) 4945 (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 10-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1945 hour 1 minute 50A. M.

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

Immediate cause of death 3d-degree Burn Entire Body

Due to Explosion

Due to

Other conditions (gasoline) (Include pregnancy within 3 months of death)

Major findings: Of operations 10/35

Of autopsy

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

(b) Date of occurrence 9/28/45 123

(c) Where did injury occur? K.C. (City or town) Jackson (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home – 214½ E. Mo – ave explosions (Specify type of place)

While at work? no (e) Means of injury Deputy Coroner

23. Signature J. Williams (M. D. or other)

Address 2636 – Brooklyn Date signed 10/4/45

(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. E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address. 1212 Main KC

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.