

FILED MAR 27 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1246

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: Kreatwood Convalescent Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 Days
(Specify whether years, months or days)
 In this community 9 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4X
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 7431 Holmes Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOEL MORRIS McQUITTY

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mayme F. McQuitty 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3rd 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 9 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James McQuitty

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Barnett

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. I. R. Hazard

(b) Address 7431 Holmes Street

17. (a) Removal (b) Date thereof 3/ 15/ 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 3-13-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 6 1945 to Mar. 12 1946
 that I last saw him alive on Mar 12 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral arteriosclerosis 795
 Duration _____

Due to _____

Due to _____

Other conditions Bronchitis pneumoniae 2 days
(Include pregnancy within 3 months of death)

Major findings: 107
 Of operations _____
 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?

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. C. [unclear] M.D. (M. D. or other) _____
 Address 744 [unclear] [unclear] Mo. 63141

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD 8459

FEB 25 1947

*Donna ...
694 ...
1769 ...
from ...*

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.....

Licensed Embalmer No.....

P. O. Address.....

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.