No. 2
M—2-43
5-17-39
T 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

State File No. 13326

FILED MAY 13 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1976

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: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5331 Highland 8
(If rural, give location) U
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Quinn
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 6
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) ? (Day) 1870 (Year)
8. AGE: Years 85 Months 10 Days – If less than one day hr. min.
9. Birthplace (City, town, or county) Ireland (State or foreign country) U
10. Usual occupation None 1
11. Industry or business
FATHER 12. Name John Quinn 4
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4
MOTHER 14. Maiden name Elizabeth Leary
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant Sister Sr Lucile
(b) Address 5331 Highland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Quirk & Dolan
(b) Address 20 West Linwood
19. (a) 4-29-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day April year 1946 hour 1:10 minute P. M.
21. I hereby certify that I attended the deceased from May 1945, 19..., to April 27, 19 46 that I last saw him alive on April 27 1946, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	10 Hours
Due to Chronic Myocarditis	15 years
Due to Chronic Nephritis ?	
Other conditions (Includes pregnancy within 3 months of death)	

Major findings: Of operations 1310
Of autopsy No

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 0
23. Signature John T Skinner (M. D. or other) MD
Address 1402 Bryant Bldg Date signed 4/27/46

(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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.