S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

12429

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 9 1946

State File No. 13523

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 150

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 526 So. Crane
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

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

(d) Street No. 526 So. Crane
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME IRVY RAY QUITMYER

3. (b) If veteran, name war -------

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Myrtle Quitmyer

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April (Month) 8, (Day) 1884 (Year)

8. AGE: Years 62 Months 0 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer & Live Stock Dealer

11. Industry or business Retired

FATHER
12. Name Lewis H. Quitmyer
13. Birthplace No Data (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Bentz
15. Birthplace No Data (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Myrtle Quitmyer
(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton, Missouri

18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri.

19. (a) Apr. 27-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1946 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec 1, 1945 to April 24, 1946 that I last saw him alive on April 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure — Duration 5 weeks

Due to Probably coronary artery disease of

Due to about 6 months duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 940

Of autopsy none

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 [signature] (M. D. or other)

Address Independence Date signed 4/25/46

354 (Licensed Embalmer's Statement on Reverse Side)

MAY 24 1948

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 Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence

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.