

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1946 STANDARD CERTIFICATE OF DEATH

19388

State File No. _____

Registration District No. 1

Primary Registration District No. 40025007

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Adair

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ADAIR

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME POSIE QUINN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Cornelius Quinn

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased May 4 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 1 4 hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Pearson

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

14. Maiden name Margaret Higgins

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

16. (a) Informant Cornelius Quinn

(b) Address Brashear Mo.

17. (a) Burial (b) Date thereof June 10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Frank R. Conley

(b) Address Brashear Mo.

19. (a) 7-1-46 (b) Walter Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 8
year 1946 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 26
1946 to June 7, 1946
that I last saw her alive on June 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death, Vomiting, acidosis and dehydration

Due to fecal impaction

Due to tumor mass in abdomen

Other conditions arthritis deformans 20y.

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy 570

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 2

23. Signature John T. Shuman (M. D. or other) MD
Address Brashear Mo Date signed 6-27-46

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

RECEIVED

District Health Officer No. 10

District File Number 7-46-1213

Date Filed JUL 10 1946

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 Foster P. Enck

Licensed Embalmer No. 1146

P. O. Address Beachwood, 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.