

FILED JUL 22 1946

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hospital No. 2
(d) Length of stay: In hospital or institution 32 years
In this community 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Easton, Rural No. 1
(d) Street No. Highway No. 169
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Miss. Ethel Margaret Quinn

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

4. Sex Female 5. Color or race White 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 December 19 1896

8. AGE: Years 49 Months 6 Days 15 hr. min.

9. Birthplace Clinton County Missouri

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Elais T. Quinn
13. Birthplace Clinton County Missouri
14. Maiden name Margaret Jane Wright
15. Birthplace Unknown Illinois

16. (a) Informant Horner W. Quinn

(b) Address Rural No. 1, Easton, Missouri

17. (a) Burial (b) Date thereof 7/5/1946

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Heierhoffer

(b) Address 1302 Faraon St. Joseph, Missouri

19. (a) July 8, 1946 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th. year 1946 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 1 to 7/4 1946

that I last saw her alive on 7/3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature of physician

Date signed 7/5/1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

anyone....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert C. Harrington*.....

Licensed Embalmer No..... *3258, Mo.*.....

P. O. Address..... *St. Joseph, 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.