S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23947

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 275

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2400 So Sterling (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)

In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2400 Sterling (If rural, give location) Rural 0

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

If yes, name country

3. (a) PRINT FULL NAME Lawrence Dennis Quigley

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male

5. Color or race wh

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

6. (b) Name of husband or wife Alice Quigley

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

7. Birth date of deceased Dec 10 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 18 If less than one day — hr. — min.

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

10. Usual occupation Retired

11. Industry or business Salesman

FATHER 12. Name Jerry Quigley

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

MOTHER 14. Maiden name Mary Miller

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

16. (a) Informant Mrs Prentice Quigley

(b) Address 2400 Sterling

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1-46 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Otto J Mitchell

(b) Address 310 N Main St

19. (a) 7-31-46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1945, to July 28, 1946, that I last saw him alive on July 28, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	sudden
Due to: Arteriosclerosis	chronic
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. Hutchison (M. D. or other)

Address: Independence Mo Date signed July 30 1946

55F (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 Henry Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep 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.