

FILED SEP 14 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3768

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:
2005 Independence Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 4 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2005 Independence Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CHARLES FLETCHER QUIGLEY

3. (b) If veteran, name war No 3. (c) Social Security No. 491-09-4109

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Cleota A. Quigley 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 27th 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>4</u>	hr. min.

9. Birthplace Unionville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Salesman

11. Industry or business Barnett Coal Co.

MOTHER FATHER {

12. Name James Quigley

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

14. Maiden name Ellen Roe

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

16. (a) Informant Mrs. Cleota A. Quigley
(b) Address 2605 Indep. Ave

17. (a) Removal (b) Date thereof 9/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Missouri

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 9-2-46 (b) Margeline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st
year 1946 hour 2:45 minute 0 M.

21. I hereby certify that I attended the deceased from Person, 19....., to....., 19.....;

that I last saw him alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to arteriosclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death) 942

Major findings: Of operations.....

Of autopsy Heart & Lungs

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) (e) Means of injury 0

23. Signature J. C. ... (M. D. or other) ...
Address 1424 ... Date signed 9-1-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26137

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.