S. No. 2
M—8-43
r. 5-17-39
X37823

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

32392

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 164

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
519 East Porter St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")

(d) Street No. 519 East Porter St., 2
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Robert Hardeman McQuiddy

3. (b) If veteran, name war

3. (c) Social Security No. 487-20-2454

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Edith McQuiddy

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 3rd, 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 19 If less than one day hr. min.

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

10. Usual occupation Machinist - Automobile

11. Industry or business

FATHER
12. Name Henry Clay McQuiddy
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Amanda Elmore
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs R. H. McQuiddy
(b) Address 519 East Porter, Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 24, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell Funn
(b) Address Marshall, Mo.

19. (a) 9-24-46 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd
year 1946 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Dec 10, 1945, to 9-22, 1946
that I last saw him alive on 9-22, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abdominal Hemorrhage	Min
Due to: Carcinoma Liver	6 Mos
Due to: Carcinoma Cecum	9 Mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46E

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 0

23. Signature Robt M Kennedy (M. D. or other)
Address Marshall Mo Date signed 9-23-46

29 (Licensed Embalmer's Statement on Reverse Side)

Officer No. 8,

10-5-46

AUG 4 1954

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 R W Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall N

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.