

FILED OCT 20 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 5586

Registrar's No. 203

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Route #2 Carthage, Missouri.  
(If not in hospital or institution, write street number or location)

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

In this community 25 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. Route #2 Carthage, Mo. 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mark Stanley QUIGLEY

3. (b) If veteran, name war No

3. (c) Social Security No. 490-10-0663-A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th.  
year 1946 hour 1:10 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 57 years

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

21. I hereby certify that I attended the deceased from July 14 to Oct 7 1946; that I last saw him alive on Oct 7 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 6 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Circulatory failure

Due to Myocarditis

Due to \_\_\_\_\_

9. Birthplace Unknown Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations A3K

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jefferson Quigley

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

14. Maiden name Unknown

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Edith Quigley (Wife)

(b) Address Route #2 Carthage, Mo.

17. (a) Burial (b) Date thereof 10 15 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer.

(b) Address Carthage, Missouri

19. (a) 10-4-46 (b) L. B. Quigley  
(Date received local registrar) (Registrar's signature)

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 Albert B. Wheeler (M. D. or other) DO

Address Carthage Mo Date signed 12/14/46

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46-10-881

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**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..... *Gene C. Pugh*  
**Gene C. Pugh.**

Licensed Embalmer No..... **4231**

P. O. Address..... **Carthage, Missouri.**

**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.**