

FILED APR 10 1947

Registration District No. **82**

Primary Registration District No. **3017**

Registrar's No. **37**

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

1. PLACE OF DEATH:
 (a) County **COOPER**
 (b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
WATER STREET /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **LIFE** _____
years, months or days)

3. (a) PRINT FULL NAME **JESSIE QUINT**
 3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE 2** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **February 18 - 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	0	20	hr. _____ min.

9. Birthplace **BOONVILLE MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business **DAY WORK**

12. Name **UNKNOWN**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **LUCY QUINT**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **MARCH 12-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **STEGNER**

(b) Address **BOONVILLE, MO.**

19. (a) **3-11-47** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **COOPER 27**
 (c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")
 (d) Street No. **WATER STREET**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **10th**
 year **1947** hour **4** minute **8** M.

21. I hereby certify that I attended the deceased from **June 6**
 _____, 19**45**, to **March 10**, 19**47**;
 that I last saw him alive on **March 9**, 19**47**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
 Duration **about 21 months**
 Due to _____
 Due to _____

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

Major findings: **Q3D**
 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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **J.C. Tincher** (M. D. or other) **MD**
 Address **Boonville mo** Date signed **3/11/47**

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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

4-8-47

APR 10 1947

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.....

Harry Fred Monroe

Registered Apprentice No. 485

working under my personal supervision.

Signed.....

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address.....

Boonville, 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.