

FILED MAR 25 1947

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1093

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
In this community 50 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. EDNA ELLEN QUINN

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harvey C. Quinn 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 12th. 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 10 26 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Edwin Boothe 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harvey C. Quinn
(b) Address 208 East 79th. Street

17. (a) Burial (b) Date thereof 3 - 10 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd, St. Kansas City, Mo.

19. (a) 3-10-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 208 East 79th. Street 8
(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 8 1947
year 11 hour 30 minute A M.

21. I hereby certify that I attended the deceased from March 1
1947 to March 8 1947
that I last saw her alive on March 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiovascular Duration 10 min

Due to pulmonary embolism 20 min

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Fibrils 3 days
Pulmon
Of autopsy no 56 K

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 John T. Shuman (M. D. or other) MD
Address 110 22nd Ave. Date signed 3-8-47

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

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. Corwin
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.