

Registration District No. **291**

Primary Registration District No. **5996**

Registrar's No. **46**

**1. PLACE OF DEATH:**

(a) County **PUTNAM**  
(b) City or town **RURAL UNION TOWNSHIP**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **22 YEARS** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **PUTNAM**  
(c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **UNIONVILLE**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **CHARLOTTE FRANCES QUINT**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **WALTER QUINT** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **MAY 21 1876**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **11** Days **8** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **HOUSEWORK**

11. Industry or business **HOUSEHOLD**

MOTHER FATHER  
12. Name **ROBERT HAMILTON**  
13. Birthplace **SCOTLAND COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)  
14. Maiden name **SARALDA JACKSON**  
15. Birthplace **SCOTLAND COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Darwin C. Lewis**  
(b) Address **Reasnor, Iowa**

17. (a) **BURIAL** (b) Date thereof **MAY 2 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **UNIONVILLE CEMETERY**

18. (a) Signature of funeral director **COMSTOCK FUNERAL HOME**  
(b) Address **UNIONVILLE MISSOURI**  
19. (a) **5-2-47** (b) **Marcell Durbin**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **APRIL** day **29**  
year **1947** hour **4** minute **35** P.M.

21. I hereby certify that I attended the deceased from **Jan 11 1947** to **APRIL 29 1947**  
that I last saw her alive on **APRIL 29 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CHRONIC VALVULAR DISEASE WITH MYOCARDIOPATHY IN VOKREMENT** Duration **3**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **CHRONIC NEPHRITIS** **3**  
(Include pregnancy within 3 months of death)

Major findings: **3/3/47**  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury **2**  
23. Signature **N. W. Gillman** (M.D. or other) **DO**  
Address **Unionville, Mo.** Date signed **NO**

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

16  
3  
3

86  
0  
0  
0

Duration  
3  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

2  
DO  
NO  
5/30-47

JUN 23 1949

RECEIVED  
District Health Officer No. 10  
Practice File Number 5247-26  
Date Filed MAY - 5 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.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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.