S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

33743

State File No.

FILED NOV 3 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1276

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2631 Olive St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 39 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2631 Olive St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Mary Emile McQuinn
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Michael J.
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased December (Month) 20 (Day) 1870 (Year)

8. AGE: Years 76 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Conception (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name Philip Growney
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Margaret McCabe
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Rev. Maurice McQuinn
(b) Address 1723 So. 12th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Columbian, Conceptian, Mo.
18. (a) Signature of funeral director Herman Wm. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 10-28-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26 year 1947 hour 12 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sep 15, 1947 to Oct 26, 1947 that I last saw her alive on Oct 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	4 wks
Due to Arteria sclerosis	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

PHYSICIAN

Underline the cause of 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 John J. Byrne (M. D. or other)
Address St. Joseph Mo. Date signed 10-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Guy F. Hayes, Jr. Registered Apprentice No. 88 working under my personal supervision.

Signed Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.