

FILED DEC 2 1947

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 270

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly  
(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 lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 654 N. Ault  
(If rural, give location)

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

3. (a) PRINT FULL NAME John T. Quinlan

3. (b) If veteran \_\_\_\_\_ name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22  
year 1947 hour 2 minute 300 M.

21. I hereby certify that I attended the deceased from July, 1947 to Nov. 22, 1947;  
that I last saw him live on Nov 21st 1947, 1947;  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Powers Quinlan 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: May 16 1862  
(Month) (Day) (Year)

Immediate cause of death: Chr. Myocarditis Duration 5 yrs

Due to Hypertensive heart disease ?

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

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

8. AGE: Years 85 Months 6 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business Farming

MOTHER FATHER

12. Name Jerry Quinlan 14  
13. Birthplace Ireland (State or foreign country)  
14. Maiden name Anna Hall  
15. Birthplace Ireland (State or foreign country)

16. (a) Informant Myrtle J. Douglas  
(b) Address 660 N. Ault

17. (a) burial (b) Date thereof Nov 25-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Fred A. Thompson

(b) Address Moberly, Mo.

19. (a) Nov 25-47 (b) Leah W. O'Connell  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_  
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 [Signature] (M. D. or other) 11-22-47  
Address Moberly, Mo. Date signed \_\_\_\_\_

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

RECEIVED  
District Health Officer No. 10  
District File Number 2-47-1638  
Filed --DEC--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 Mrs. Paul A. Thompson  
Licensed Embalmer No. 3282  
P. O. Address Madison, Wis

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.