

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40967**

Registration District No. 112 Primary Registration District No. 1000 Registrar's No. 1167

1. PLACE OF DEATH:
(a) County Wright
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hospital # 2
(d) Length of stay: In hospital or institution 25 yrs 8 mos 13 days
In this community 25 yrs - 8 mos - 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Madaway
(c) City or town Maryville Mo
(d) Street No. Maryville
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Katherine Quinlan
(b) If veteran, name war NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 11 year 1947 hour 11 minute 30 a.m.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Jan 1st 1947 to 12-11-1947
that I last saw her alive on 12-11 and that death occurred on the date and hour stated above.

7. Birth date of deceased: June 30, 1882
(Month) (Day) (Year)

Immediate cause of death acute degeneration of the heart suddenly
Duration _____

8. AGE: Years Months Days If less than one day
65 5 11 hr. min.

9. Birthplace Mad. Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation stenographer

11. Industry or business white goods

12. Name John Quinlan

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

14. Maiden name Margaret Griffin

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

16. (a) Informant Mrs. Margaret Quinlan
(b) Address Maryville Mo

17. (a) burial (b) Date thereof Dec. 13, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Maryville Mo
(b) Address Maryville Mo

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 95c

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? _____

23. Signature E. G. Jenkins (M.D. or other) _____
Address State Hospital # 2 Date signed 12/11/1947

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

MOTHER FATHER

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

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 Clem M. Pua

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.