

S. No. 2  
M-5-43  
5-17-39  
I X36871

FILED FEB 3 1948

Registration District No. **25**

Primary Registration District No. **4036**

1. PLACE OF DEATH:  
 (a) County **BATES**  
 (b) City or town **RICH HILL**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**229 N 9TH**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **66 YRS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **SUSAN ADELINE McQUITTY**

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

4. Sex **F** / race **W**  
 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **M**  
 6. (b) Name of husband or wife **Ed. Boone McQuitty**  
 6. (c) Age of husband or wife if alive **76** years  
 7. Birth date of deceased **October 7 1876**  
 (Month) (Day) (Year)

8. AGE: Years **71** / Months **XX** / Days **3** / 14 hr. min.  
 If less than one day

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

10. Usual occupation **Housewife**

11. Industry or business -----

12. Name **Richard M Dale**

13. Birthplace **----- Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Doyle**

15. Birthplace **----- Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward McQuitty**

(b) Address **229 N 9th., Rich Hill, Mo.**

17. (a) **Burial** (b) Date thereof **1-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cem.**

18. (a) Signature of funeral director **Booth**  
(b) Address **510 E Park - Rich Hill, Mo.**

19. (a) **1-27-1948** (b) **Mrs. Egan Douglas**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Bates**  
 (c) City or town **Rich Hill**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **229 N 9th**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **21**  
year **1948** hour **10** minute ----- P.M.

21. I hereby certify that I attended the deceased from **15**, 19**47** to **January 21**, 19**48**  
that I last saw her alive on **Jan 21**, 19**48**  
and that death occurred on the (date) and hour stated above

Immediate cause of death **Prionary descent**

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94A**

Of autopsy -----

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 **James P. Allen** (M. D. or other) **MD**  
Address **Rich Hill, Mo** Date signed **1/27/48**

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

7  
2  
0

RECEIVED  
District Health Officer No. 7  
District File Number 8-11-222  
Date Filed 8-28-58

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.....

*Harold M. Douglas*....., Registered Apprentice No. *410*  
working under my personal supervision.

Signed *John G. Underwood*  
Licensed Embalmer No. *3585*  
P. O. Address *Butler 820.*

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.