No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 548

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 316 N. Water St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay 24
(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")
(d) Street No. 316 N. Water St. 1
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Walter Fredrick McQuillen

3. (b) If veteran, name war No

3. (c) Social Security No. 487014563

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Iva Lee McQuillen

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 28 (Day) 1903 (Year)

8. AGE: Years 44 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Caney (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Dry Cleaner Owner

11. Industry or business McQuillen Cleaners

FATHER
12. Name Walter Grant McQuillen 1
13. Birthplace Greenville Indiana 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth D Hooper
15. Birthplace Brickwell Indiana 1 (City, town, or county) (State or foreign country)

16. (a) Informant Iva Lee McQuillen
(b) Address Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director J. Carder Jr
(b) Address Liberty, Mo.

19. (a) Jan. 17-1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1948 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw ..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Alcoholism

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Chronic Alcoholism
(b) Date of occurrence Jan. 16th 1948
(c) Where did injury occur? Liberty (City or town) Clay (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home 316 N Water St.
(Specify type of place)
While at work? (e) Means of injury

23. Signature R.W. Prather Coroner (M. D. or other) 3
Address Excelsior Springs Mo Date signed 1-16-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 2-12-48

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 O. J. Carder Jr.

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.