

S. No. 2  
4-1/47  
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

619

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 7

1. PLACE OF DEATH:

(a) County **Cooper**  
(b) City or town **Boonville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Agnes Van Ravenswaay Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 Days**

In this community **All of life**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Ernest Quint**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 3 1870**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **5** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Carpenter**

11. Industry or business **General carpenter**

12. Name **Unknown**

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Quint, Jr.**

(b) Address **St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 16 / 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Cem.**

18. (a) Signature of funeral director **Goodman & Boller**

(b) Address **Boonville, Mo.**

19. (a) **1-16-48** (b) **De Cooper**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**  
(c) City or town **Boonville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **606 Seventh St. Rear.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **13**  
year **1948** hour **9** min **30 p. M.**

21. I hereby certify that I attended the deceased from **Jan 11**  
to **Jan 13**, 19**48**, to **Jan 13**, 19**48**;  
that I last saw h. **live** on **Jan 13**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Menstruation from ectopic attachment**  
Due to **Malignant tumor of Colon**

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

Major findings: **None** Of operations **None**

Of autopsy **None**

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 \_\_\_\_\_

23. Signature **Agnes Ravenswaay** (M. D. or other) \_\_\_\_\_  
Address **Boonville Mo** Date signed **1/16/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-11-48

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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 \_\_\_\_\_

William W. Wood, Registered Apprentice No. 480,  
working under my personal supervision.

Signed \_\_\_\_\_

J. H. Goodman  
Licensed Embalmer No. 1198

P. O. Address Roanville, 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.