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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1619
Registrar's No. 188

FILED JAN 16 1948

Registration District No. 167

Primary Registration District No. 4260

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

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Baring
(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 70 yrs. (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox
(c) City or town Baring
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Quinn
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Thomas Quinn 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased Oct - 18 - 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Camp Point Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business _____

12. Name Thomas Reardon

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

14. Maiden name Margaret Higgins

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

16. (a) Informant _____ (b) Address _____

17. (a) Burial (b) Date thereof Jan-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adair, Missouri

18. (a) Signature of funeral director Keith Kludson
(b) Address Edina, Missouri

19. (a) Jan-10-48 (b) Helle S. Daniels
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 1948 hour 3 minute _____ P. M.
21. I hereby certify that I attended the deceased from Dec 28 1947 to Jan 5 1948
that I last saw her alive on Jan 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Causing Paralysis of Right Side Upper Extremities
Due to _____

Due to _____
Other conditions (Includes pregnancy within 3 months of death) _____
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 Helle S. Daniels (M. D. Brother)
Address Edina Mo Date signed Jan 9 1948

MISSOURI DEPARTMENT OF HEALTH
Date Filed JAN 14 1948
1:48:64
NO. 10

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 Keith Hudson.....

Licensed Embalmer No. 2415.....

P. O. Address Edina, Missouri.....

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.