—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

STANDARD CERTIFICATE OF DEATH

State File No. 5528

Registration District No. 2123 Primary Registration District No. 5779 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Miller
(b) City or town RURAL - FRANKLIN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BAGNELL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. BAGNELL (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Thomas-Jefferson-Quinn
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex MALE
5. Color or race White
6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED
6. (b) Name of ~~husband~~ or wife Minervia - Quinn
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Feb (Month) 6 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	0	14	— hr. — min.

9. Birthplace Boon Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING
FATHER
12. Name James - Quinn
13. Birthplace unknown (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name MARY
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Minervia - Quinn
(b) Address Eldon - Mo - R#3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Riley - Lamb
18. (a) Signature of funeral director Keith McKaye
(b) Address Eldon Mo
19. (a) 2-21-1948 (Date received local registrar) (b) Alverritta Waltz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1948 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb 5, 1948 to Feb 20, 1948 that I last saw him alive on Feb. 17, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Cardiovascular Renal disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 A

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E O Shelton (M. D. ~~or other~~ 0)
Address Eldon - Mo Date signed 2/21/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-10-68

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 M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.