

No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13728

State File No.

FILED MAY 7 1948

Registration District No. 298

Primary Registration District No. 6024

Registrar's No. 2

1. PLACE OF DEATH:

(a) County... Ray

(b) City or town... Palma Township (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... (Specify whether years, months or days) 65 years

3. (a) PRINT FULL NAME... GEORGE William McQuarrey

3. (b) If veteran, name war... No. 2

3. (c) Social Security No. 2

4. Sex... M 5. Color or race... W

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

6. (b) Name of husband or wife... Sarah Eliza

6. (c) Age of husband or wife if alive... years 3

7. Birth date of deceased... Sept 3 3 1966
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>5</u>	<u>18</u>	hr. min.

9. Birthplace... Garett Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation... farmer & railroad man

11. Industry or business...

12. Name... Herbert M. Quarrey

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

14. Maiden name... Eliza Kennedy

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

16. (a) Informant... Mrs Elmer Rhodes

(b) Address... Lawson, Mo.

17. (a) Buried (b) Date thereof... 2-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Converse, Mo.

18. (a) Signature of funeral director... John Brown

(b) Address... Lawson, Mo.

19. (a) Mar. 10, 1948 (b) Miss Raymond Stone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Ray

(c) City or town... Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Feb. day... 21st year... 1948 hour... 2:30 P.M. minute... 0 M.

21. I hereby certify that I attended the deceased from Patent and that death occurred on the date and hour stated above.

that I last saw him alive on was just ill - 19...
did suddenly

Immediate cause of death... Probably cardiac failure

Due to... age with heart work in previous years

Due to... ?

Other conditions... ?
(Include pregnancy within 3 months of death)

Major findings: Of operations... 16 2/13

Of autopsy... 16 2/13

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?.....

(Specify type of place) 0

While at work? (c) Means of injury.....

23. Signat... Edwin Shouse (M. D. or other) 0

Address... Lawson, Mo. Date signed... 2/23/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-6-48

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.....

Harold L. Walker, Registered Apprentice No. 21
working under my personal supervision.

Signed John G. Brown

Licensed Embalmer No. 3933

P. O. Address Wayville, N.C.

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.