

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19628
Registrar's No. 2480

FILED JUN 19 1948
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 DAYS
(Specify whether
In this community 20 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1312 WOODLAND
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ZULA MAE QUINN
3. (b) If veteran, name war No
3. (c) Social Security No. 497-26-5491

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 7,
year 1948 hour 10: minute 15 P. M.
21. I hereby certify that I attended the deceased from MAY
10, 1948, to JUNE 7, 1948,
that I last saw her alive on JUNE 7, 1948,
and that death occurred on the date and hour stated above.

4. Sex FEMALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced SINGLE
6. (c) Age of husband or wife if alive years 13, 1927
7. Birth date of deceased NOVEMBER 13, 1927
(Month) (Day) (Year)

Immediate cause of death FAR ADVANCED PULMONARY TUBERCULOSIS
Duration

8. AGE: Years 20 Months 6 Days 24
If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation A HOME

Major findings: Of operations
Of autopsy

11. Industry or business

12. Name DAVID QUINN

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

14. Maiden name GRENER HALE

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

16. (a) Informant GRENER QUINN (MOTHER)
(b) Address 2330 HIGHLAND

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 6/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director
(b) Address 1212 Vine St., Kansas City, Mo.

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?

19. (a) 6-12-48 (b) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury
Signature (M. D. or other)
Address GENERAL HOSPITAL NO. 2 Date signed 6/8/48

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. 224
working under my personal supervision.

Leonard Huff

Signed *E. Sterling Bills*

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City, 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.