S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 3024

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42146

Primary Registration District No. 3072

Registrar's No. 253

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 416 N. Allen
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether
In this community: 12 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Saline 97
(c) City or town: Marshall 1 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 416 N. Allen
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---------

3. (a) PRINT FULL NAME: John Richard Quinn
3. (b) If veteran, name war: ------
3. (c) Social Security No.: ---------

4. Sex: Male 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alice Ganel Quinn
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: Feb (Month) 1 (Day) 1884 (Year)

8. AGE: Years 64 | Months 10 | Days 12 | If less than one day ---------- hr. ---- min.

9. Birthplace: Osage, Co. (City, town, or county) Mo. n (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ------

FATHER
12. Name: Pat Quinn
13. Birthplace: Ireland 4 (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name: Susanna Walden
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs John R. Quinn
(b) Address: Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Mem. Gard. Marshall, Mo.
18. (a) Signature of funeral director: Harry Hershberger
(b) Address: Marshall, Mo.
19. (a) Dec. 13-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1948 hour 7 minute 00 P/M.

21. I hereby certify that I attended the deceased from July 15th 1947 to Dec 12th 1948; that I last saw h. alive on Dec. 10th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	Don't know — few Days.
Due to: Bronchopneumonia	
Due to:	
Other conditions: Uremia (Include pregnancy within 3 months of death)	2 Days.

Major findings:
Of operations: —
Of autopsy: —

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? —
While at work? — (Specify type of place) (e) Means of injury: —

23. Signature: W. H. Madison (M. D. or other)
Address: Marshall, Mo. Date signed 12-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 12-30-48

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. _____, working under my personal supervision.

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.