

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 80 YEARS		d. STREET ADDRESS (If rural, give location) 3301 KARNES BLVD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) ANNE			a. (First)			b. (Middle)			c. (Last) QUINN			4. DATE OF DEATH (Month) (Day) (Year) 9 1 49			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 14, 1866			9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) WESTON, MISSOURI				12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME MICHAEL PEMBROKE			13b. MOTHER'S MAIDEN NAME MARY GRIFFIN			14. NAME OF HUSBAND OR WIFE JOHN F. QUINN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---			16. SOCIAL SECURITY NO. NONE			17. INFORMANT'S SIGNATURE OR NAME MRS. PETER A. MARXEN ADDRESS 3301 KARNES BLVD		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussions Brain							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Commenced by S. Clavich							
		DUE TO (c) numerous contusions & abrasions							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Just from 2 weeks ago							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Just Refused						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) Mo.					
21d. TIME OF INJURY 8:28-49		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in Home 173					

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Coroner			23b. ADDRESS 1034 Realto Bldg			23c. DATE SIGNED 9-2-49		
24a. BURIAL / CREMATION / REMOVAL (Specify) BURIAL		24b. DATE 9-3-49		24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY KANSAS CITY		24d. LOCATION (City, town, or county) (State) MO.		

DATE REC'D BY LOCAL REG. 9-2-49		REGISTRAR'S SIGNATURE Steldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Howell Co. ADDRESS 3256 BROADWAY	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address, K. E. 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: