

Registration District No. **358**

Primary Registration District No. **5502**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Henry**  
 (b) City or town **Clinton Rural, Shawnee**  
 (c) Name of hospital or institution: **Huntingdale Mo.**  
 (d) Length of stay: In hospital or institution **all life**  
 In this community **all life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry**  
 (c) City or town **Clinton "Rural"**  
 (d) Street No. **Huntingdale**  
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME

**Roy Quirey 1895**

3. (b) If veteran, name war **Worlds War**

3. (c) Social Security No.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Alma Quirey**

6. (c) Age of husband or wife if alive **5** years

7. Birth date of deceased **5-18-95**

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>44</b>	<b>1</b>	<b>13</b>	hr. min.

9. Birthplace

**Clinton Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation

**Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Frank B Quirey**  
 13. Birthplace **Monroe Co Mo**  
 14. Maiden name **Ann Walker**  
 15. Birthplace **Henry Co Mo**

16. (a) Informant's own signature

**Chas Quirey**

(b) Address

**Clinton Mo**

17. (a) **Rural** (b) Date thereof **1-20-40**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

**Candlerwood Cem**

18. (a) Signature of funeral director

**Fred Wilkinson**

(b) Address

**Clinton Mo**

19. (a) **Jan 22 1940**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **18<sup>th</sup>** year **1940** hour **3** minute **A.M.**

21. I hereby certify that I attended the deceased from **Clinton, Mo** to **Jan 18** 19**40** that I last saw him **alive** on **Jan 18** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Apparently heart trouble**

Duration

**unknown**

Due to **95%**

Other conditions **None known**

Major findings: Of operations

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? \_\_\_\_\_  
 (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 **S B Hughes** (M. D. or other) Address **Corner Hwy & Clinton, Mo.** Date signed **Jan 15/40**

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

Rev. 5-17-39 I X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 5 1940

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**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

*Fred Wilkinson*

Licensed Embalmer No.

*2478*

P. O. Address

*Clinton 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, above space should be left blank.**