

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6324
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
(b) Township Liberty Primary Registration District No. 5-12-12 Registered No. 17
(c) City Liberty (d) Street No. Shader St St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Josephine C. McQuinn St. Shader St (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam McQuinn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 30-1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 4 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as saw mill, bank, etc. for self.
10. Date deceased last worked at this occupation (month and year) 6 Mo. ago 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo.

13. NAME York Calvin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Anna
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sam McQuinn
Shader St. Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE 2/19/40

19. FUNERAL DIRECTOR (ADDRESS) Church, Archer Co. Liberty, Mo.

20. FILED Mar 10 1940 W. H. Shaffer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1940, to Feb 17, 1940.
I last saw her alive on 2-17, 1940. Death is said to have occurred on the date stated above, at 1:40 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset 6-1-39

Other contributory causes of importance:

Arteriosclerosis
Cachexia

1920
1937

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) N. R. Schuchmacher M.D.
Liberty, Mo. (Address)

STATEMENT BY LICENSED EMBALMER

I, Edgar Archer, Licensed Embalmer No. 3311
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edgar Archer.
L. E. —
No. 3311 or by —, Registered Apprentice No. —
working under my personal supervision.
Signed Edgar Archer.
Licensed Embalmer No. 3311

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.)