No. 2
17
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2357

FILED FEB 13 1943

Registration District No. 3023 Primary Registration District No. 3023 Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry
(c) City or town: Rural
(If outside city or town limits, write "RURAL.")
(d) Street No.: Near Huntingdale
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Anna E. Quirey
3. (b) If veteran, name war: ..... 3. (c) Social Security No.: .....
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband ~~or wife~~: Franklin D. Quirey
6. (c) Age of husband or wife if alive: 27 years
7. Birth date of deceased: 2 (Month) 27 (Day) 1864 (Year)
8. AGE: Years 77 Months 10 Days 25 If less than one day ..... hr. ..... min.
9. Birthplace: Henry Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: .....
12. Name (Father): George W Walker
13. Birthplace (Father): Kentucky (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Sarah Eli
15. Birthplace (Mother): Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Charles Quirey
(b) Address: Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 24 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Englewood
18. (a) Signature of funeral director: Fred Wilkinson
(b) Address: Clinton Mo
19. (a) Jan 23 1943 (Date received local registrar) Georgia Kitchen (Registrar's signature)

1064

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1943 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 10, 1942, to Dec 22, 1942, that I last saw him alive on Dec 21, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia — Duration: 10 da
Due to: Fracture of surgical neck of femur — 6 wks
Due to: .....
Other conditions (Include pregnancy within 3 months of death): .....
Major findings: Of operations: ..... Of autopsy: .....

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): 042
(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? (Specify type of place)
While at work? ..... (e) Means of injury: .....
23. Signature: H Livaldin (M. D. or other) M.D.
Address: Clinton Mo Date signed: 1-23-43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 1-43-124
Date Filed 2-8-43

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 Wilkins

Licensed Embalmer No. 24

P. O. Address Glendale

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.

No. 2B
—8-21-41
I X29268

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2357

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 17

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County: Henry
(b) City or town: Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Arnold E. Ousley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Feb (Month) 27 (Day) 86 (Year)

8. AGE: Years 77 Months 10 Days If less than one day min.

9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name (Mother / Father)
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (Mother)
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 2 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	10 da
Due to	
Due to Fractured surgical neck of femur	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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): accident
(b) Date of occurrence: Dec 25, 1942
(c) Where did injury occur? Huntingdale (City or town) Henry (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? yes (e) Means of injury: Fractured femur

23. Signature: [illegible] (M. D. or other) M.D.
Address: Clinton Mo Date signed 3-2-43