

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 241

1. PLACE OF DEATH:

(a) County Randolph 2
(b) City or town Moberly Mo.
(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 _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State 1 (b) County Garni
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

In this community _____
years, months or days

3. (a) PRINT FULL NAME EDDIE Eugene Quinn
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race col 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 4 39
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>8</u>	hr. _____ min. _____

9. Birthplace Mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Ellie Quinn
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Ruby Buckner
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruby Buckner
(b) Address 710 S 4th St

17. (a) Burial (b) Date thereof 12 22 39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director R. H. Carr
(b) Address Moberly Mo

19. (a) Dec 22 - 39 (b) Leola Bellman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1939 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec-14
_____, 1939, to Dec-22, 1939
that I last saw him alive on Dec-16, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death starvation Duration 8 days
Due to Poorly nourished mother
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) _____
(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 E. H. Shrader (M. D. or other) _____
Address Moberly, Mo Date signed 12-27-39

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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-162

Date Filed JAN 11 1940

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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDS. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.