

STANDARD CERTIFICATE OF DEATH

State File No. 35032

NOV 19 1940

Registration District No. 149

Primary Registration District No. 4083

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Cleveland 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) 20
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 60 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Cleveland,
(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.

8. (a) PRINT FULL NAME MARY ISOBEL QUAITE

8. (b) If veteran, _____ name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ephraim Quait 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB. 17 1851
(Month) (Day) (Year)

8. AGE: 89 Years 7 Months 26 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER
12. Name James Quinn
13. Birthplace Ill.
14. Maiden name Olga Wallace
15. Birthplace Ill.

16. (a) Informant Epith Quait
(b) Address Cleveland mo.

17. (a) Burial (b) Date thereof Oct. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freeman mo.

18. (a) Signature of funeral director W. E. Myers
(b) Address Cleveland mo

19. (a) Oct. 14 - 1940 (b) W. E. Myers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1940 hour Nine minute 15 P.M.

21. I hereby certify that I attended the deceased from March 6 1940 to October 13 1940
that I last saw h. er alive on October 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic
Gall stones
Duration 2 Yr.
?

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
PHYSICIAN _____

Major findings: _____
Of operations _____
Of autopsy _____
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) (a) Means of injury _____

23. Signature W. A. Moore (M. D. or other) _____
Address Cleveland Mo Date signed 10/14/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.