

ED MAR 21 1941

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Adair
(b) City, or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME MATTHEW D. QUINN

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 Widowed

6. (b) Name of husband or wife Dora Quinn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 19 1959
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace New York state
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Matthew Quinn

13. Birthplace 4 Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kelley

15. Birthplace 4 Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Joseph L. Egan

(b) Address Bushers Mo.

17. (a) Burial (b) Date thereof Mar. 8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director South P. Embury

(b) Address Bushers Mo.

19. (a) March 19/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Bushers Mo. R. F. D. 0
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6
year 1941 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-21- 1941, to 3-6- 1941; that I last saw him alive on 3-3- 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____
Due to _____

Other conditions _____
(Includes pregnancy within 8 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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? 3

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. P. Ellis (M. D. or other) 0
Address Kirkville Mo. Date signed 3-10-41

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

40
39
23152

RECEIVED

District Health Officer No. 10

District File Number 3-41-628

Date Filed MAR 19 1941

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 Foster P. Early

Licensed Embalmer No. 1146

P. O. Address Bracken, 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, fact should be so stated above.