

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 3 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Wm. Quinlan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Wm. Quinlan 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Aug 8 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jerome Cox
13. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Emily Albright
15. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Quinlan
(b) Address La Plata, Mo.

17. (a) Burial (b) Date thereof 1941-8-11
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation La Plata, Mo.

18. (a) Signature of funeral director Fred A. Early
(b) Address Brookings, Mo.

19. (a) Oct 20 41 (b) Spencer L. Meenan
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1941 hour 12 noon minute _____ M.
21. I hereby certify that I attended the deceased from Oct. 17, 1941, to Oct. 20, 1941;
that I last saw her alive on Oct 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis (cause unknown) Duration 4 days
Due to Diabetic mellitus, Myocarditis, chronic
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 61 PHYSICIAN _____
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) (e) Means of injury _____

23. Signature J. J. Gimp (M. D. or other) MD
Address Kirksville, Mo. Date, signed 10/20/41

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

RECEIVED

District Health Officer No. 10

District File Number 11-41-2003

Date Filed NOV 13 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. Esley

Licensed Embalmer No. 1146

P. O. Address Buchanan, 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.