V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27728

Registration District No. 236 FILED SEP 11 1942 Primary Registration District No. 4352 Registrar's No. 39

71
1
0

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

1. PLACE OF DEATH:

(a) County MORGAN.
(b) City or town VERSAILLES. Mo
(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 29 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MORGAN 71
(c) City or town VERSAILLES, 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EARNEST E. QUINN.

3. (b) If veteran, name war

3. (c) Social Security No. 496-05321

4. Sex M.

5. Color or race W. 0

6. (a) Single, widowed, married, divorced MARRIED. 1

6. (b) Name of husband or wife DORA M.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased SEPT. (Month) 13, (Day) 1885 (Year)

8. AGE: Years 56 Months 11 Days 1 If less than one day hr. min.

9. Birthplace CALLAWAY Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation LABORER.

11. Industry or business TIE LOADER.

FATHER
12. Name JAMES QUINN
13. Birthplace — (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name JANE GRIFFEN
15. Birthplace — (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. E. E. QUINN.
(b) Address VERSAILLES, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/17/42. (Month) (Day) (Year)
(c) Place: burial or cremation VERSAILLES CEMTY.

18. (a) Signature of funeral director W. F. Tidwell
(b) Address Versailles Mo.

19. (a) 8-17-1942 (Date received local registrar) (b) Reg. Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 14
year 1942 hour minute 6 P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Cervical Spine

Due to

Due to

Other conditions Alcoholism
(Include pregnancy within 3 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) Accident
(b) Date of occurrence 8-14-42 071
(c) Where did injury occur? Versailles (City or town) Morgan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Fist Fight

23. Signature L. E. Buchanan (M. D. or other) Coroner
Address Versailles Mo Date signed 8-17-42

1024 (Licensed Embalmer's Statement on Reverse Side) Coroner

RECEIVED
District Health Officer No. 7
District File Number 9-42-958
Date Filed 9-8-42

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 H. F. Kimmell

Licensed Embalmer No. 7596

P. O. Address Versailles 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.