

FILED SEP 4 1942

Registration District No. \_\_\_\_\_ Primary Registration District No. 3052

Registrar's No. 294

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
404 West Sixth  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 404 West Sixth  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 19th day 3:40 am  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan 1  
1942 to Aug 19th 1942  
that I last saw h. er alive on Aug 18th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Carcinoma of Pancreas ? 2 mos

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Arterio-sclerotic  
(include pregnancy within 3 months of death)  
Artemia  
1942

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations none  
Of autopsy none  
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) no  
(b) Date of occurrence none  
(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?  
none

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Jno B. Quilley M.D. (M. D. or other)  
Address Sedalia Mo Date signed 8-20-42

3. (a) PRINT FULL NAME Jennie Quigley Reid

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Reid 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased August 22 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Patrick Quigley

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

14. Maiden name Sarah Carroll  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Harry Reid

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 8 21 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia, Missouri

19. (a) 8/20/42 (b) Ms Anna Berger  
(Date received local registrar) (Registrar's signature)

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

80  
6  
4

1002

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-3-42

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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 H. Reed*

Licensed Embalmer No. \_\_\_\_\_

*3745*

P. O. Address \_\_\_\_\_

*Sedalia 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.