

S. No. 2
M-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10573

FILED MAR 29 1943

Registration District No. 786 Primary Registration District No. 2001 Registrar's No. 131

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

19
52

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
116 N. Landreth /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hettie Quigley
 3. (b) If veteran, name war * * *
 3. (c) Social Security No. * * *

4. Sex Fem
 5. Color or race W
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Geo. W. Quigley
 6. (c) Age of husband or wife if alive, years
 7. Birth date of deceased February 12, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	12	18	hr. min.

9. Birthplace Alton Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business House duties

MOTHER FATHER {
 12. Name Henry Mounger
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Bird
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jean Ashby
 (b) Address 116 N. Landreth

17. (a) Burial (b) Date thereof 3 4 43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Memorial

18. (a) Signature of funeral director Hurlbut Und. Co.
 (b) Address Joplin Mo.

19. (a) 3-4-43 (b)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 116 N. Landreth
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 2
 year 1943 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 6 1943 to March 2 1943
 that I last saw alive on March 1 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart

 Due to

 Due to

Other conditions
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy

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 (M. D. or other)
 Address 708 Thomas Bldg Date signed March 4 1943

49
2
5

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1204

43-3-264

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

Perry K. Durlbut

Licensed Embalmer No. *959*

P. O. Address *Joseph M.*

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.