

FILED APR 7 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1365

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4006 Bellefontaine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4006 Bellefontaine
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS. ANNA QUIGLEY
(b) If veteran, name war XX
(c) Social Security No. None

4. Sex Fe 5. Color or race Wh
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Thomas Quigley
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased: February 25 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>1</u>	<u>0</u>	hr. min.

9. Birthplace Pleasant Hill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Dennis Farrell
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary McMaulty
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Quigley
(b) Address 4006 Bellefontaine
17. (a) Burial (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary, KCK

18. (a) Signature of funeral director J.M. Wagner
(b) Address Kansas City, Mo.

19. (a) 3-27-44 (b) J. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 25
year 1944 hour 11: minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-17-44
to 3-23-44
that I last saw him alive on 3-23-44
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction
Due to myocarditis chronic
Due to Senility
Other conditions: —
(Include pregnancy within 3 months of death)

PHYSICIAN
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 R.B. Rainey M.D. (M. D. or other)
Address 804 Lawrenceville, K.C. Mo. Date signed 3-27-44

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 A. B. Hunsche

Licensed Embalmer No. 415-9

P. O. Address. Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.