

FILED DEC 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37403

State File No. 37403

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 393

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 318 South Spanish
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Johanna B. Quinn

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-10-8644

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Della Quinn 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased November 4 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Warren Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Manning Rolling Alley

11. Industry or business Knights of Columbus Hall

12. Name Johanna Quinn

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

14. Maiden name Mary Harley

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

16. (a) Informant Mrs. Della Quinn

(b) Address Cape Girardeau - Mo.

17. (a) Burial (b) Date thereof Nov 25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director Walters and Co.

(b) Address Cape Girardeau - Mo.

19. (a) 11-28-44 (b) F. D. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22 year 1944 hour 10 minute 46
21. I hereby certify that I attended the deceased from 8/22 1944 to 11/22 1944
that I last saw her alive on 11/22 and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephritis - Biliary
Due to Not determined

Due to _____
Other conditions (Include pregnancy within 3 months of death) 12263

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 O. Healy (M. D. or other) _____
Address Cape Girardeau Mo Date signed 11/27/44

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

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

RECEIVED

District Health Officer No. 4
District File Number 1244-4666
Date Filed 12-2-44

1945

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 Virgil K. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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.