

Registration District No. **576**

Primary Registration District No. **5773**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Monticane**
(b) City or town **Franklin, 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 **30 year** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Monticane**
(c) City or town **Rural** **1-9**
(If outside city or town limits, write "RURAL")
(d) Street No. **near High Point 3000**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William Martin Quirk

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

4. Sex **male** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary**

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased **Dec 11 1896**
(Month) (Day) (Year)

8. AGE: Years **85** Months _____ Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Cole MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **W^m Martin Quirk**

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

14. Maiden name **Bridget Cahaeny**

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

16. (a) Informant **Lorena Quirk**

(b) Address **Esion MO**

17. (a) **Burial** (b) Date thereof **Jan 1-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic Cemetery**

18. (a) Signature of funeral director **Willems & Fruehling**

(b) Address **California MO**

19. (a) _____ (b) **Margaret Martine**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day _____ year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Dec 29** 19**40** to **Dec 31** 19**41**.
that I last saw him alive on **Dec 29** 19**41**.
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis** Duration **years**

Due to _____

Due to _____

Other conditions **Chr - Interstitial Nephritis**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **12/1/41**

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 **E. L. Shelton** (M. D. or other) _____

Address **Esion MO** Date signed **1-2-42**

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

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

68000

872

(Licensed Embalmer's Statement on Reverse Side)

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 Hugh E. Williams
Licensed Embalmer No. 3537
P. O. Address California 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.