BK-1-P9
15693

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15693

Registration District No. 316 Primary Registration District No. 6074 Registrar's No.

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

1. PLACE OF DEATH:
(a) County St. FRANCIS
(b) City or town DESLOGE MISSOURI (If outside city or town limits, write "RURAL" and name of township) Perlman Twp
(c) Name of hospital or institution: 406 North MAIN St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community FIFTY YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST FRANCOIS
(c) City or town DESLOGE (If outside city or town limits, write "RURAL") 411
(d) Street No. 406 North MAIN ST (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE Wilson QUALLS
3. (b) If veteran, name war WWI
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KATHERINE.
6. (c) Age of husband or wife if alive 65. years
7. Birth date of deceased JAN. (Month) 27 (Day) 1871 (Year)

8. AGE: Years 73 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Sabula Missouri (City, town, or county) O (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business MINING CAPTAIN
FATHER 12. Name MARION QUALLS
13. Birthplace TENNESEE (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARTELIA THOMAS
15. Birthplace TENNESEE (City, town, or county) (State or foreign country)
16. (a) Informant KATHERINE QUALLS
(b) Address DESLOGE MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 20 1944 (Month) (Day) (Year)
(c) Place: burial or cremation PARKVIEW
18. (a) Signature of funeral director E J Bonner
(b) Address Desloge Mo
19. (a) 4-19-44 (Date received local registrar) (b) Howard Cohen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17 year 44 hour 5 minute 55P M.
21. I hereby certify that I attended the deceased from 4-17 1944 to 4-17 1944 that I last saw him alive on 4-17 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1H
Due to Arteriosclerosis	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
Of autopsy

PHYSICIAN — 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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature N O Beebe M.D. (M. D. or other)
Address Desloge Mo Date signed 4-18-44

1373

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-13-44

District Health Officer No. 4

District File Number 544-38

Date Filed 5-13-44

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 C. J. Soyer 1671

Licensed Embalmer No. 1671

P. O. Address Leesburg Fla

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

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