

Registration District No. _____

Primary Registration District No. 6132

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Brushy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Alma Lee Quick

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Hillie Quick }
13. Birthplace Osage Co., Mo. }
(City, town, or county) (State or foreign country)
14. Maiden name Wassie Prater }
15. Birthplace Dent Co., Mo. }
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. Quick

(b) Address Jadwin, Mo.

17. (a) Burial (b) Date thereof 5-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jadwin, Mo.

18. (a) Signature of funeral director none

(b) Address _____

19. (a) 5-20-47 (b) Quibel Paalen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon
(c) City or town Brushy
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1947 hour 13 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 5, 1947 to May 6, 1947
(that I last saw him alive on May 5, 1947
and that death occurred on the date and hour stated above.)

Immediate cause of death Pneumonia Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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? _____

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

23. Signature L. P. Henson (M. D. or other) _____
Address Bunker, Mo. Date signed 5-6-47

RECEIVED

District Health Officer No. 5

District File Number 647318

Date Filed 6-17-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 336

Primary Registration District No. 6132

Registrar's No. C

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Brushy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Alma Lee Quach

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days (If less than one day) hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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

14. Maiden name 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 107

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?

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

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

23107