

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36650

State File No. _____

Registration District No. 968

Primary Registration District No. 6184

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Palmer, Mo
(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 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Betty In Quick

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased act 7 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 23 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Richard Quick

18. Birthplace Palmer, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Shelley Palmer

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

16. (a) Informant Richard Quick

(b) Address Palmer, Mo

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

(c) Place: burial or cremation Palmer, act 9, 1940

18. (a) Signature of funeral director Sparks

(b) Address Palmer, Mo

19. (a) Nov 7-40 (b) Mrs Ella White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington
(c) City or town Harmony, Rural
(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 act day 30 1940:
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from act to act, 1940:
that I last saw him alive on _____, 1940:
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to from Birth Injury

Due to with Concomitants

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

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? County Health Dept (State) _____
(d) Did injury occur in a motor, non-motor, or other type of vehicle? _____ (Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature H. H. H. H. (M., D. or other) _____
*Address Palmer, Mo Date signed 9/24/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.