

Registration District No. 85 Primary Registration District No. 1001 State File No. _____ Registrar's No. 405

1. PLACE OF DEATH:

(a) County BuCHANAN
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hosp. I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution three days
(Specify whether years, months or days) 3 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Oregon
(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 April day 8
year 1941 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 5, 1941, to April 8, 1941;
that I last saw h. ex. alive on April 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency
Chronic parenchymatous nephritis
with acute sclerohelation
Due to: Cardiac Decongestion
Due to: Anasarca

Duration

2 yrs

See 1940

Other conditions (Include pregnancy within 3 months of death) 12/18

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____
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? 85
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature L. P. Linnon M.D. (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed 4-8-41

3. (a) PRINT FULL NAME Jessie May Quick
3. (b) If veteran name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Afton Quick 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 20 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name James R Brown
13. Birthplace Barcozie Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Luise Zimmerman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lela McBrown

(b) Address Oregon Mo.

17. (a) Burial (b) Date thereof Apr 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon Mo.

18. (a) Signature of funeral director Peltijohn Linnal Sevier

(b) Address Oregon

19. (a) 4/8/41 (b) L. P. Linnal Sevier
(Date received local registrar) (Registrar's signature)

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.....

James H. Pettigrew

Licensed Embalmer No. *3192*

P. O. Address... *Oregon 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.