

FILED JUL 13 1942
Registration District No. 347

Primary Registration District No. 4205

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Blairstown
(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 1 year
years, months or days

3. (a) PRINT

FULL NAME Nathaniel L. Quick

3. (b) If veteran,

name war _____

3. (c) Social Security

No. None

4. Sex

Male

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

About 1870

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

About 72

9. Birthplace

Quick City

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Painted for farmers

11. Industry or business

Painter

MOTHER FATHER

12. Name

Daniel P. Quick

13. Birthplace

Unknown

(City, town, or county)

Ohio

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

(City, town, or county)

9

(State or foreign country)

16. (a) Informant

L. E. Quick

(b) Address

Warrensburg, Missouri

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof June 1, 1942

(Month) (Day) (Year)

(c) Place: burial or cremation

Quick Cemetery

18. (a) Signature of funeral director

J. W. Cook

(b) Address

Chilhowee, Missouri

19. (a)

June 3, 1942

(Date received local registrar)

(b) Georgia Kitchen

(Registrar's signature)

D. X.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1942 hour 3 minute _____ P. M.

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

_____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Deceased was dead on arrival and apparently due to diet of Carotid Embolism

Due to

Due to

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? _____

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 01

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature

D. R. S. Halling and Carver

(M. D. or other)

Address

Clinton Mo

Date signed

4/4/42

RECEIVED
District Health Officer No. 7,
District File Number 7-42-707
Date Filed 7-7-42

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

B. Bay Sweeney

Licensed Embalmer No. 1121

P. O. Address

Warrenton

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.