

FILED NOV 6 1942

Registration District No. 5382

Primary Registration District No. 5382

-76

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Franklin Township - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent
(c) City or town Salem, Mo.
(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? 0 years.

3. (a) PRINT FULL NAME Bula May Quick

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

4. Sex F. 1 Color or race W. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.O

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

7. Birth date of deceased Sept. 27, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 10 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ed Quick
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Grace Salem
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ed Quick
(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 10-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Minor Cemetery

18. (a) Signature of funeral director Hobart K. Hurlbut
(b) Address Salem, Mo.

19. (a) 10-9-42 (b) Gas. D. McDaniel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept/Oct day 27 9
year 1942 hour 4 minute 59 A.M.

21. I hereby certify that I attended the deceased from Oct-8
8, 1942 to Oct-8, 1942
that I last saw her alive on Oct. 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial
asthma of
Left (Bronchial)
Due to Cold

Due to _____
Other conditions ✓ 107
(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?

While at work? _____ (Specify type of place)
(e) Means of injury ✓
23. Signature J. G. Hillman (M.-D. or other)
Salem Mo Date signed Oct 9 42

33
0
0

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

Duration
4.8 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5

District File Number 1142934

Date Filed 11-4-42

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 _____

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.