No. ___
9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37715

Registration District No. 256 Primary Registration District No. 5979 Registrar's No. ___

76
0
0

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

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Rural Boston Twp
(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 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 76

(a) State Mo (b) County Osage 0
(c) City or town Linn R.D. 0
(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 0

3. (a) PRINT FULL NAME George Donnield Quick

3. (b) If veteran, name war ___ 3. (c) Social Security No. 492-12-6564

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

6. (b) Name of husband or wife Martha Francis Quick 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March (Month) 26 (Day) 1906 (Year)

8. AGE: Years 36 Months 6 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace Miller Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farming, Public Works

11. Industry or business ___

FATHER
12. Name George Wagner Quick
13. Birthplace Linn, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Rachel Kinsworthy
15. Birthplace Iberia, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Martha F. Quick
(b) Address Linn Mo. RD #1

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

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo

19. (a) Oct 8 1942 (Date received local registrar) (b) Esther Souder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1942 hour Six minute 15 P. M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___;
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull - Multiple fractures of Ribs Right & Left Side - Punctuating
Due to Lungs Fracture of Right Femur
Due to ___
Other conditions ___
(Include pregnancy within 3 months of death)
Major findings:
Of operations ___
Of autopsy ___

Duration

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) Accident
(b) Date of occurrence Oct. 7, 1942 0/6
(c) Where did injury occur? Near Chamois, Osage Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 89 - 7 Miles South of Chamois (Specify type of place)
While at work? ___ (e) Means of injury See above while returning from work

23. Signature Dr. W. W. Wildman Coroner (M. D. or other)
Address Westphalia, Mo. Date signed 10/8/42

5/8 (Licensed Embalmer's Statement on Reverse Side)

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 Vernon M Morton

Licensed Embalmer No. 4125

P. O. Address Lynn

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

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

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37715

Registration District No. 256 Primary Registration District No. 5879 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Rural
(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)

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

3. (a) PRINT FULL NAME George Donnield Quick

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 26 (Day) 1902 (Year)

8. AGE: Years 36 Months 6 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull multiple fracture of ribs Right & left side Punctuating lungs + Fracture of Right femur — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

169 20

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) Accident
(b) Date of occurrence Oct. 7 1942
(c) Where did injury occur? Chamois (City or town), Osage (County), Mo (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad Yard
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. W. Weldon Coun & Coroner (M. D. or other)
Address Date signed