

FILED AUG 9 1944

Primary Registration District No. 6225

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hosp No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 2 years 11 months 6 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Garthage
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME CORA-M^cQUIVEY

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced marrit.
6. (b) Name of husband or wife John M. Quivey 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Sept 14 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 79 8 25 — hr. — min.

9. Birthplace Dodge County Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation formerly Housewife

11. Industry or business none

12. Name Edevin Montgomery

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Brown

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

16. (a) Informant Records State Hosp 3

(b) Address Nevada, Mo.

17. (a) Removal (b) Date thereof 7-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garthage, Mo.

18. (a) Signature of funeral director C. C. Ylviser (Rt)

(b) Address Garthage, Missouri

19. (a) 7-13-44 (b) Floyd B. Beuerck
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 9
year 1944 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 3, 1944, to July 9, 1944
that I last saw her alive on July 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia Duration 5 year

Due to
Due to

Other conditions Gen Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.

(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 Paul L. Barone (M. D. or other)

Address State Hosp No 3 Date signed July 9/44

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

10800

1357

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-44-902

Date Filed 8-5-44

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 Edlellmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.