

FILED APR 17 1945
173

State File No. _____

Registration District No. _____

Primary Registration District No. 5291

Registrar's No. 31

1. PLACE OF DEATH:

(a) County: Rural
(b) City or town: Liberty, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I.O.O.F. Home Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 week
In this community: 5 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Liberty
(c) City or town: Liberty
(If outside city or town limits, write "RURAL")
(d) Street No.: 9007 Home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: ROBERT H. QUINT

(b) If veteran, name war: none (c) Social Security No.: none

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

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

7. Birth date of deceased: May 11 - 1859
(Month) (Day) (Year)

8. AGE: Years: 85 Months: 9 Days: 27 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER { 12. Name: Andrew Quint

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

14. Maiden name: Elizabeth

15. Birthplace: Casper Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Records at I.O.O.F. Home

(b) Address: Liberty Mo

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof: Mar 10 1945
(Month) (Day) (Year)

(c) Place: burial or cremation: Someville Mo.

18. (a) Signature of funeral director: Clarence Archer Co.

(b) Address: Liberty Mo.

19. (a) 3-9-45 (Date received local registrar) (b) Helen Parley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 8
year: 1945 hour: 5 minute: — P.M.

21. I hereby certify that I attended the deceased from: Aug 1944 to: Mar 8 1945
that I last saw him alive on: Mar 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Mania

Due to: Senile Dementia

Due to: General Atherosclerosis?

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

77

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: Robert Malby (M. D. or other) M.D.
Address: Liberty Mo. Date signed: 3-9-45

Duration

5 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

400

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

4/13/45

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

Edgar Arthur

Licensed Embalmer No.

3311

P. O. Address

Liberty 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.