

FILED MAR 8 1948

STANDARD CERTIFICATE OF DEATH

State File No. 6623

Registration District No. 2-6-7-26

Primary Registration District No. E386

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Ozark  
(b) City or town Rural Jackson Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Briker mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life time (Specify whether years, months or days)

3. (a) PRINT FULL NAME

JAMES SHERMAN QUATER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex mo 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Carrie 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased June 7 1871 (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Ozark Co mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Hunter  
13. Birthplace Ozark mo (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Craney  
15. Birthplace Ozark mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J S. Hunter  
(b) Address Briker mo

17. (a) Burial (b) Date thereof Dec 28 45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sander mo

18. (a) Signature of funeral director Roller Funeral Home  
(b) Address Wainessville mo

19. (a) 12-28-45 (b) Adair-Kalt (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Briker mo 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 of year 1945 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from Aug 10 - 1945, to Dec 26 1945  
that I last saw him alive on Dec 2 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
Due to Pulmonary Tuberculosis 2 years.  
Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy no 136

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?

(Specify type of place) (e) Means of injury —

23. Signature P. E. Bushong (M. D. —)  
Address Wainessville Date signed 12-29-45

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

RECEIVED

District Health Officer No. 6

District File Number 246-178

Date Filed FEB 20 1940

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

*Lawrence L. Hall*

Licensed Embalmer No. 2784

P. O. Address Goinville, 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.