No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. K. Knabb

State File No. 37783

FILED NOV 20 1947

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 968

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 321 E. Dale
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 38 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 421 E. Dale 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Susan M. Quick

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Johnanhon Quick

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

7. Birth date of deceased March (Month) 13 (Day) 1852 (Year)

8. AGE: Years 95 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

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

MOTHER
14. Maiden name Nancy Brown
15. Birthplace Loogootoee (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs Ida Brown
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 11-11-47 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1947 hour 6 minute 45a. M.

21. I hereby certify that I attended the deceased from 25 Oct 47, 1947, to 10 Nov. 1947, that I last saw her alive on 7 Nov. 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Arteriosclerosis generalized

Due to Cachexia & Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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)
While at work? (e) Means of injury 0

23. Signature Kenneth E. Knabb (M. D. or other) M. D.
Address Jefferson & Pacific St. Date signed 10 Nov. 47

Jefferson City Printing Co.

(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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.