

3000
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3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

9258

State File No. _____

Registration District No. _____

Primary Registration District No. 5789

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Miss

(b) City or town East Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miss 67

(c) City or town East Prairie
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Josie Quick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year 1949 hour 8 minute 15 A.

21. I hereby certify that I attended the deceased from 3-May-48
to Mar-8 1949
that I last saw her alive on 1-Mar 1949
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Wm E. Quick

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan. 9 1875
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration 2-3 yrs.

Due to Hypertension 7-8 yrs.

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

74 1 29 hr. min.

9. Birthplace Pandolpho Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Geo. Brown

13. Birthplace Ga. 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha Davis

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

Major findings: Of operations 1477

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Willard Barnett

(b) Address East Prairie, Rt. 1, Mo. 0

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-1949
(Month) (Day) (Year)

(c) Place: burial or cremation Wells

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? _____

18. (a) Signature of funeral director H. B. Mc Nabb

(b) Address Pocahontas, Ark.

19. (a) April 2 1949 (Date received local registrar)

(b) Anna Berger Deputy (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. B. Proggerton (M. D. or other) _____

Address Liberton, Mo. Date signed 17-7-49

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

MOTHER, FATHER

RECEIVED

District Health Office No. 2,

District File Number 449-9450

Date Filed 4-4-49

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 H. G. McNabb

Licensed Embalmer No. 610

P. O. Address Rock Hill, Ark

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.