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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 12 1944

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South Market Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 73 years years, months or days)

3. (a) PRINT FULL NAME Ida Leora 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
6. (b) Name of husband or wife Maurice Quick 6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased September 18, 1861 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 0 _____ hr. _____ min.

9. Birthplace Savannah, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation housewife--retired

11. Industry or business at home

12. Name Harvey M. Dodd

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

14. Maiden name Swarts

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

16. (a) Informant Lawrence E. Quick
(b) Address Holden, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 '44 (Month) (Day) (Year)

(c) Place: burial or cremation Page Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) 4-28-44 (Date received local registrar) (b) Kathryn S. Canaday (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden (If outside city or town limits, write "RURAL")
(d) Street No. So. Market St., (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1944 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 4, 1934, to April 18, 1944,
that I last saw her alive on April 18, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to Hypertensive C.V. Disease

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death) arteriosclerosis

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to 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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Kelly Rawlins (M. D. or other)

Address Holden Mo Date signed 4/28/44

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

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..... *M. J. Canaday*

Licensed Embalmer No. *3434*

P. O. Address..... *Holden, 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.