REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1048
Do not use this space.

61

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 102
Registered No.
(d) Street No. Research Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 201 Frances Quick
(a) Residence, No. Latour Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe.
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Quick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31-1895
7. AGE YEARS 43 MONTHS 4 DAYS 5 days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Missouri

FATHER
13. NAME J. Frank ~~Wells~~ Welsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Erik McMahan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Mo

17. INFORMANT (ADDRESS) Frank Quick Latour Mo
18. BURIAL, CREMATION, OR REMOVAL Warrensburg Mo
PLACE Warrensburg DATE Jan 7 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stone & McClure 3235 Gillham Plaza
20. FILED Jan 6, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 — 5 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1938 to 1-5-39, 19
I last saw her alive on 1-5-39 Death is said to have occurred on the date stated above, at 10 45 m.
The principal cause of death and related causes of importance were as follows:
Post operative shock
Final report to be rendered by Pathologist = Research Hosp.
Date of onset
Other contributory causes of importance:
Hypertensive
Fibroid uterus
Non malignant
Name of operation Date of 12-27-38
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Walter Holbrook M. D.
(Address) 1132 Prof Bldg KC Mo

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Highland 4440

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. NR 7-12-4 BP

Local Registrar's No. 61

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25th day of May, 1945, before me appears Frank H. Quick, who, upon his oath, states that the original record of ~~birth~~ death for Frances Quick, died ~~born~~ January 5, 1939, in the State of Missouri, and which was filed at Kansas City, Mo. on 1-6-, 1939, should be corrected as follows:

Item No. 13 should read J. Frank Welsh
Instead of J. Frank Wells
Item No. should read
Instead of
Item No. should read
Instead of 1048-39
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank H. Quick
Relationship. Husband.
Latour, Mo.
Present Address.

Subscribed and sworn to before me this 25th day of May, 1945

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
5M-3-42
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