

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10884

State File No. _____

Registration District No. 398Primary Registration District No. 3019Registrar's No. 81

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
127 E. Kansas
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 5 years
 years, months or days)

3. (a) PRINT FULL NAME Mrs Dullie Quick3. (b) If veteran, name war — 3. (c) Social Security No. —4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Oct 22 - 1850
(Month) (Day) (Year)8. AGE: Years 90 Months 5 Days — If less than one day
hr. _____ min. _____9. Birthplace St Joseph Mo.
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business _____

12. Name Salomea Zumwald13. Birthplace unknown 9
(City, town, or county) (State or foreign country)14. Maiden name Rebecca Reed15. Birthplace unknown 9
(City, town, or county) (State or foreign country)16. (a) Informant Mrs George Sheeter(b) Address 127 E. Kansas17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Gasconade Cemetery18. (a) Signature of funeral director H. Mitchell(b) Address Independence, Mo19. (a) March 21, 1941 (b) F. L. Cook M. D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Independence 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. 127 E. Kansas 4
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1941 hour 3 minute 30 A. M.21. I hereby certify that I attended the deceased from
Feb 12, 1941 to _____, 1941;
that I last saw her alive on 3-21-, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Right Lobar
Pneumonia 5 days

Due to _____

Due to 105Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations no operationOf autopsy no autopsy

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?
3100While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature G. Allen (M. D. or other) M.D.
Address Independence, Mo signed 3-21-41

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. 646

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.