

FILED MAY 4 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 553B

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Padon Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home for the aged & infirm  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 1 1/2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas city  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2412 E 27th St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

E. V. QUICK

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Arthur Quick 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased 11 - 1896  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1942 hour 3 minute 15 P. M.  
21. I hereby certify that I attended the deceased from 4/8 1942 to 4/13 1942  
that I last saw him alive on 4/13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

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 J. W. Green (M. D. or other) \_\_\_\_\_  
Address Independence Mo Date signed 4/13/42

MOTHER FATHER

11. Industry or business Home  
12. Name Ames  
13. Birthplace Franklin (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
16. (a) Informant Reverend Jackson County Home  
(b) Address Little Plains Mo  
17. (a) Burial (b) Date thereof 4-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Leis Summit Mo  
18. (a) Signature of funeral director H. B. Langford  
(b) Address Leis Summit Mo  
19. (a) 4-14-42 (b) J. M. Schick  
(Date received local registrar) (Registrar's signature)

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 W. B. Langford

Licensed Embalmer No. 3833

P. O. Address Leis Summit 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.**