V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15143

Registration District No. 2470

Primary Registration District No. 5983

Registrar's No. ~~20~~ 55

1. PLACE OF DEATH:

(a) County: Pulaski

(b) City or town: Fort Leonard Wood, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Montgomery
(c) City or town: RR # 1, Rhineland
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Jack W. Quick (Pvt.)

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: November 18, 1918 (Month) (Day) (Year)

8. AGE: Years 24 | Months 5 | Days 4 | If less than one day: 6 hr. 05 min.

9. Birthplace: Rhineland (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Soldier - U.S.Army-38342363

11. Industry or business: Co C, 32nd Bn., ERTC

FATHER
12. Name: John Fuller Quick
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Cordie Quick
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: U. S. Army Records
(b) Address: Ft. Leonard Wood, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: April 24, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Rineland, Missouri

18. (a) Signature of funeral director: Null & Son Funeral Home
(b) Address: 508 West 8th St. Rolla Mo.,

19. (a) April 24 1943 (Date received local registrar) (b) Robert A Murray ROBERT A. MURRAY, Maj. MC (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 23
year: 1943 hour: 6 minute: 05 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Maculopapular rash of skin (History of measles-seven days)	7 days
(2) Pneumonia, peribronchial, of all lobes, both lungs.	
(3) Scarlet Fever,	2 days

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy: As above.

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

23. Signature: P. W. Smith Capt. M.C. (M. D. or other)
P. W. SMITH, Capt., MC,
Address: Station Hospital, Date signed:
Fort Leonard Wood, Mo.

Apr 29-1943 117 Ok Lo m Ord Mg

JUN 22 1943

RECEIVED
Pulaski County Health Officer
File Number 5-43-54
Date Filed 5-5-43

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 S. C. Nuell

Licensed Embalmer No. 3394

P. O. Address Rolla 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.