

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1009 Harrison /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 21 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **118**

(c) City or town Kansas City **5**
(If outside city or town limits, write "RURAL") **F**

(d) Street No. 1009 Harrison
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME MADALYNNE IONE QUICK

3. (b) If veteran, name war No

3. (c) Social Security No. # 2628

4. Sex Fe. 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 Dec. 30, 1921
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>21</u>	<u>7</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Clothes Model

11. Industry or business Richey-Cooper

MOTHER FATHER

12. Name Wheeler Quick

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

14. Maiden name Helen I. Walkley

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

16. (a) Informant Pearl Walkley

(b) Address 2522 E. 28th St.,

17. (a) Burial (b) Date thereof August 28,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. H. Blackman & Son,

(b) Address 225 Independence Blvd.,

19. (a) Aug 27, 1943 (b) J E Brown sep
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1943 hour 14 minute 10 A. M.

21. I hereby certify that I attended the deceased from May
9, 1943, to Aug 22, 1943
that I last saw her alive on Aug 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension **3yo**
Duration

Due to _____

Due to 525

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

Major findings: Diaphragm of neck
Of operations Gland thry for Diag nois

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? _____

23. Signature J E Brown (M. D. or other) _____
Address 700 Reg Bldg Date signed 9/24/43

Mr 20558

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..... *H. H. Blackman*

Licensed Embalmer No. *2244*

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, fact should be so stated above.