

**FILED JUN 12 1945**  
Registration District No. 341

Primary Registration District No. 3075

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

1. PLACE OF DEATH:  
 (a) County Stoddard  
 (b) City or town Dexter  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME FRANK HARDIN QUICK  
 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 Married  
 6. (b) Name of husband or wife Permelia E. Quick 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased Sept. 20, 1865  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name no record  
 13. Birthplace no record (City, town, or county) (State or foreign country)  
 14. Maiden name no record  
 15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Permelia E. Quick  
 (b) Address Dexter, Mo.

17. (a) removal (b) Date thereof 5-7-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Mo.

18. (a) Signature of funeral director Blankenship-Strickland  
 (b) Address Dexter, Mo.

19. (a) 6-1-45 (b) Nora Smith  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Stoddard  
 (c) City or town Dexter  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Walnut Street  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 5  
 year 1945 hour 6 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from 5-2-45  
1945, 19\_\_\_\_, to 5-5-45  
1945; that I last saw him alive on 5-5-45  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Chronic Myocarditis Duration 2 yrs  
Fractured ribs  
 Due to O. V. R. disease  
 Due to \_\_\_\_\_  
 Other conditions My fatherly at 18 hrs  
 (Include pregnancy within 3 months of death)  
 Pronate  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: 939  
 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 Nora Smith (M. D. or other) \_\_\_\_\_  
 Address Dexter, Mo. Date signed 6/2/45

RECEIVED

District Health Office No. 2

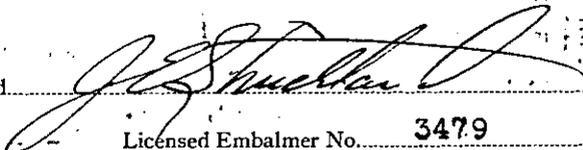
District File Number 645-812

Date Filed 6-6-45

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, XXX

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed 

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.