

FILED MAR 5 1948
Registration District No. 363

Primary Registration District No. 6240

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: Palmer mo.
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Palmer mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Joseph J. Quick

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 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 Nov. 11 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
	<u>2</u>	<u>23</u>	hr. _____ min.

9. Birthplace Washington Co. mo.
(City, town or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Richard Quick

13. Birthplace Washington Co. mo.
(City, town or county) (State or foreign country)

14. Maiden name Patricia Palmer

15. Birthplace Ballenger Co. mo.
(City, town or county) (State or foreign country)

16. (a) Informant Richard Quick

(b) Address Palmer mo.

17. (a) Burial (b) Date thereof Feb. 5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmer mo.

18. (a) Signature of funeral director ms. Luther Spake

(b) Address Palmer mo.

19. (a) 3 20.46 (b) Calla White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1946 hour 6 minute 3 A. M.

21. I hereby certify that I attended the deceased from 2 1946 to 2-4 1946
that I last saw him alive on 2 and that death occurred on the date and hour stated above.

Immediate cause of death meningitis following influenza

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 338

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 of Presswell (M. D. or other) _____
Address Palmer mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10
0
0
7259

District Health Officer No. 4
District File Number 346-1776
Date Filed 3-4-46

Not Embalmed

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.....

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.