

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12415
Registrar's No. 129

Registration District No. 47 Primary Registration District No. 3008

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

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 HRS (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. 205 JEFFERSON
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EVERETT CARSON QUICK
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22,
year 1946 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from
3/22, 1946 to 3/22, 1946
that I last saw him alive on 3/22, 1946
and that death occurred on the date and hour stated above.

4. Sex MAL 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased MAR. 23. 1946
(Month) (Day) (Year)

Immediate cause of death Premature (5 months gestation)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
2 hr. _____ min.
9. Birthplace FULTON MO
(City, town, or county) (State or foreign country)
10. Usual occupation BAVY

11. Industry or business _____
12. Name ALVIN QUICK
13. Birthplace IOWA
(City, town, or county) (State or foreign country)
14. Maiden name EDNA Potts
15. Birthplace CALLAWAY Co. MO
(City, town, or county) (State or foreign country)

Major findings: Of operations none
Of autopsy none 159
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant ALVIN QUICK
(b) Address FULTON, MO

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)

17. (a) BURIAL (b) Date thereof MAR. 23, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hill-Crest FULTON,
18. (a) Signature of funeral director John Y. Mangin
(b) Address 712 Camp Fulton, Mo.
19. (a) 3-28-1946 (b) Josie M. Moushiff
(Date received local registrar) (Registrar's signature)

While at work? _____ (c) Means of injury h. D.
23. Signature Henry D. D. (M. D. or other)
Address Fulton, Mo. Date signed 3/28/46

11324

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-19-46

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.

Not Embalmed

Signed Glen Y. Marpin

Licensed Embalmer No. 13725

P. O. Address Fulton, 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.