

FILED FEB 7 1949

Registration District No. 279

Primary Registration District No. 4558

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Centerville
(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 whetherIn this community _____
years, months or days)3. (a) PRINT FULL NAME SARAH ARIZONA QUICK

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife HEENAN J. QUICK 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 23 1877
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day, hr. min.
71 6 7 09. Birthplace MILLER CO. MO
(City, town, or county), (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Cross
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name America Anderson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant ALONZO A. QUICK son
(b) Address Centerville, MO17. (a) _____ (b) Date thereof. _____
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bunker, mo18. (a) Signature of funeral director ALONZO, QUICK
(b) Address Centerville, MO 64519. (a) 2/1/49 (b) E. M. Gifford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Reynolds
(c) City or town Centerville, mo
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1949 hour 3 minute 15 P.M.21. I hereby certify that I attended the deceased from 5-47
_____, 19____, to 1-30, 1949that I last saw her alive on Jan 30, 1949
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma
of Throat gland Duration _____Due to Same

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations 1949

Of autopsy _____

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 023. Signature J. R. Pytle M.D. (M. D. or other) _____Address Centerville Date signed 1-30-49

RECEIVED 2-4-49
District Health Officer No. 5,
District File Number 249769
Date Filed 2-5-49

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.