

DEC 0 MAR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7938
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph 7 Registration District No. 735
(b) Township..... Primary Registration District No. 3034
(c) City Moberly (d) Street No. 413 Farrar St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 482. PRINT FULL NAME Stella Frances Hickman 255

(a) Residence, No. 413 Farrar St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Hickman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18th 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1FATHER 13. NAME No data 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9MOTHER 15. MAIDEN NAME "16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "17. INFORMANT (ADDRESS) Sandford Hickman
Moberly Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Feb 22nd 193819. FUNERAL DIRECTOR (ADDRESS) Deahray and son
Moberly Mo20. FILED Feb 22 1938 Ethel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20th 193822. I HEREBY CERTIFY, That I attended deceased from Feb 20th 1938 to Feb 20th 1938I last saw h. or alive on Feb 20th 1938. Death is said to have occurred on the date stated above, at 9⁴⁵ P. M.

The principal cause of death and related causes of importance were as follows:

Right Hemiplegia
Chronic Hypertensive
Cardio-vascular
disease

Date of onset
Feb 20not knownOther contributory causes of importance: as aboveName of operation none Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury..... 124. Was disease or injury in any way related to occupation of deceased? NO

If so, specify.....

(Signed) Leo P. Buzick M. D.(Address) 319 Grand Ave. Moberly Mo.

STATEMENT BY LICENSED EMBALMER

I, Frank D. North, Licensed Embalmer No. 3021
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Frank D. North
Licensed Embalmer No. 3021

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.)