

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 8 1938

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

19848

Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 903
(b) Township Witchamaw Primary Registration District No. 0545
(c) City Grant City (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME

(a) Residence, No. James Albert Sick /St. Grant City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victoria Sick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1958
7. AGE YEARS 79 MONTHS 7 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. James
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) Exford (STATE OR COUNTRY) Mo.

13. NAME Jessie Sick
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Fanna Morris
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo.

17. INFORMANT Morris Sick (ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL Placed in PLACE Witchamaw DATE 4/21/38

19. FUNERAL DIRECTOR (NAME) A.C. Dingle (ADDRESS) Grant City, Mo.

20. FILED 6-7 19 38 Grant City, Mo. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-10- 1938, to 4-19 1938.
I last saw him alive on 4-18 1938 Death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:

Myocardial degeneration of heart Date of onset 1937

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? Physician's findings Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1938
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 ✓

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____ (Signed) R. J. Ross (Address) Grant City, Mo.

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. ~~3252~~ 3252

P. O. Address Grant City, 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, above space should be left blank.