

REC'D JUL 12 1938

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

21132

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2582
 (c) City Kansas City, Mo. (d) Street No. 2311 East 28th, Str., K.C. Mo. 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.

2. PRINT FULL NAME

William R. Hicks, 200
 (a) Residence, No. 2311 East 28th, Str., K. C. Mo. St.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Emma Hicks
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11th, 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Electrician
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa.

13. NAME Joseph F. Hicks,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Eliza Unk nown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record.

17. INFORMANT Mrs. Emma Hicks,
 (ADDRESS) 2311 E. 28th, Str., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill, Cem. DATE June 28-1938

19. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster
 (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED June 27, 1938 M. M. Conover
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26th, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Pyramidal sclerosis Pulmonary Tuberculosis
Tuberculosis Nephritis Pt
 Date of onset 27
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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 _____

24. Was disease or injury in any way related to occupation of deceased? 4
 If so, specify _____
 (Signed) Russell W. Sen M. D.
 (Address) _____

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, above space should be left blank.