

REC'D JUL 11 1938

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

22485  
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592  
(b) Township Montgomery Primary Registration District No. 5790 Registered No. 18  
(c) City Near Montgomery (d) Street No. \_\_\_\_\_ 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

SUSAN KATHERINE HICKERSON 212  
(a) Residence, No. Catherin St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1867  
7. AGE YEARS 71 MONTHS 4 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
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) Near Montgomery (STATE OR COUNTRY) City, Mo.

13. NAME William Henry White

14. BIRTHPLACE (CITY OR TOWN) State of Maryland (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Minerva Katherine White

16. BIRTHPLACE (CITY OR TOWN) Callaway Co Mo (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs Leslie Wehrman (ADDRESS) Montgomery City, Mo

18. BURIAL, CREMATION OR REPOSE Cemeteries  
PLACE Montgomery City DATE June 27, 1938

19. FUNERAL DIRECTOR (NAME) G. A. Marlow (ADDRESS) Montgomery City, Mo

20. FILED June 26, 1938 Bruce Netrife Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936, to June 25, 1938  
I last saw her alive on June 23, 1938. Death is said to have occurred on the date stated above, at 10:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Generalized Carcinomatosis of Liver, Stomach, Intestines & Rectum  
Date of onset Before 1936

Other contributory causes of importance: Chronic Myocarditis Generalized Arteriosclerosis  
Date of onset Before 1936

Name of operation Exploratory Laparotomy Date of 1-15-38  
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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? no  
If so, specify \_\_\_\_\_  
(Signed) E. J. Anderson, M. D.  
(Address) Montgomery City, Mo

N. B. \_\_\_\_\_ 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.

Corrected Oct 3-1938 on undertaker's Statement - h. W. wd

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Hof undertaker's statement see misc file # 116-1938

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 Edgar Boone Schla

Registered Apprentice No. 158, working under my personal supervision.

Signed Joseph A Marlerio  
Licensed Embalmer No. 3658

P. O. Address Montgomery

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22485-

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592  
 (b) Township Montgomery Primary Registration District No. 5790 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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

(a) Residence, No. Susan Katherine Hickerson St. Catherin (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 4 17

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.  
 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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19\_\_ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19\_\_ to 19\_\_

I last saw h. 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:

Generalized Carcinoma of Liver, Stomach, Intestines & Rectum  
Primary Leukemia

Date of onset

Other contributory causes of importance:  
Chronic Myocarditis  
Generalized Arteriosclerosis

Name of operation H6 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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) E. J. Anderson M. D.

(Address) Montgomery City, Mo

SUPPLEMENT

DO NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 If plain returns, so that it may be properly classified.

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