

REC'D AUG 24 1938

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

25458

Do not use this space.

## 1. PLACE OF DEATH

(a) County HOLT Registration District No. 374  
 (b) Township FORBES Primary Registration District No. 5521 Registered No. 4  
 (c) City NEAR GREGORY (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 KENNETH LEE HICKMAN 255

(a) Residence, No. FARM 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-7-1927  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 1 14

OCCUPATION 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) LEON STATE OR COUNTRY IOWAFATHER 13. NAME DENNIS HICKMAN14. BIRTHPLACE (CITY OR TOWN) ALVA STATE OR COUNTRY OKLAMOTHER 15. MAIDEN NAME LENA PERKS16. BIRTHPLACE (CITY OR TOWN) MERCER STATE OR COUNTRY MO17. INFORMANT LENA HICKMAN (ADDRESS) OREGON FORBES MO18. BURIAL, CREMATION, OR REMOVAL PLACE HIGHLAND-CEM DATE JUNE-23-193819. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO20. FILED July 10 1938 C. J. Naylor Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 21 1938, to June 21 1938  
 I last saw him alive on June 21 1938. Death is said to have occurred on the date stated above, at 9:40 Am.  
 The principal cause of death and related causes of importance were as follows:

Bacterial Pneumonia Date of onset 6-21-38  
1570

Other contributory causes of importance:

Splen-Rifida  
Hydrocephalus

Name of operation \_\_\_\_\_ 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) Nella J. Turner D.O.375 (Address) Oregon mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-750-37 I X12004

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**