LEGD SEP 28 1938

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

30099
Do not use this space.

1. PLACE OF DEATH
(a) County Saline — Registration District No. 795
(b) Township Grand Pass — Primary Registration District No. 6038 — Registered No. 48
(c) City ..... (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 Martha B Hicks 260
(a) Residence, No. ..... 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF H. V. Hicks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-12-1844
7. AGE YEARS 94 MONTHS 6 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) Ballwar Mo 0

FATHER
13. NAME Mr Burchell 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Alice R Thomas Grand Pass Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Pass Cem DATE 8-7 1938
19. FUNERAL DIRECTOR (ADDRESS) Wells Funeral Home Cuneeton Mo
20. FILED Aug 9, 1938 Raymond Spencer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6- 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-4, 1938, to 8-6-, 1938
I last saw her alive on 8-6, 1938. Death is said to have occurred on the date stated above, at 12 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	

Other contributory causes of importance: 97

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) G A Kelling Jr, M. D.
713 (Address) Waverly Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number 9/7/38
Date Filed

STATEMENT BY LICENSED EMBALMER

I, J E Willis, Licensed Embalmer No. 1788,

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 J E Willis

Licensed Embalmer No. 1783

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