NOV 15 1938

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

55270
Do not use this space.

1. PLACE OF DEATH
(a) County CALLAWAY Registration District No. 104
(b) Township Primary Registration District No. 3008 Registered No. 242
(c) City FULTON (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.

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2. PRINT FULL NAME IRA BERTMAN HICKERSON
(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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 2, 1918
7. AGE: YEARS 20 MONTHS 9 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER
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) MOKANE, MISSOURI

FATHER
13. NAME GUY HICKERSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONTGOMERY COUNTY MISSOURI.

MOTHER
15. MAIDEN NAME JESSIE BEAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CALLAWAY COUNTY MISSOURI.

17. INFORMANT (ADDRESS) MRS GUY HICKERSON MOKANE, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE MOKANE, DATE OCT. 10TH 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen Y. Maupin 700 Court St. Fulton, Mo.
20. FILED Oct 10, 1938 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1938, to Oct. 9, 1938
I last saw him alive on Oct. 9, 1938. Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage (Intra Abdominal) — Date of onset 10-9-38

Other contributory causes of importance: 210 m 2 8

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-9, 1938
Where did injury occur? Callaway Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Auto accident
Nature of injury Crushing injury Abdomen

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John J. Brown, M. D.
106 (Address) Fulton, 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.

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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, Oct. 9, 1938

....., or by .....

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

Signed Glen Y. Manzi

Licensed Embalmer No. 2725

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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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38-270
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway — Registration District No. 104
(b) Township — Primary Registration District No. 3008 — Registered No.
(c) City Fulton — (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 Ira Bertman Hickerson
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE — YEARS: 20 — MONTHS: 9 — DAYS: 7 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
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) Oct 9, 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:

	Date of onset
Internal Hemorrhage	
Intra abdominal	Oct 9
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Other contributory causes of importance:
Collision with other motor vehicle

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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) John J. Brown, M. D.
(Address) Fulton Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.