Use. JAN 2 0 1939

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

42938
Do not use this space.

1. PLACE OF DEATH
(a) County: Douglas ?
(b) Township: Champion ?
(c) City: Drury, Mo. ?
Registration District No.: 280
Primary Registration District No.: 5391
Registered No.:
(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 Sam Hicks
(a) Residence, No.: Drury Missouri 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lizie Hicks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 14, 1860
7. AGE: Years 78 | Months 8 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Douglas Co. Mo. C

FATHER
13. NAME: R·R· Hicks ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown ?

MOTHER
15. MAIDEN NAME: Mary Gaulding ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Oliver Hicks Blanche Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Yates DATE: 12-6-1938, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): None 24-7
20. FILED: Dec 31, 1938 Mrs. Mae Rebman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-5-1938, 19
22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1938, to Dec 5, 1938
I last saw him alive on Nov 30, 1938. Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Years/mos

Other contributory causes of importance: 1 2 3

Name of operation: Days Dem 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? No
If so, specify
(Signed) R M Norman, M. D.
(Address) Ava 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.

WRITE PLAINLY, WITH STANDING INK. THIS IS A PERMANENT RECORD

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Dr. R. M. Norman

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.