REC'D APR 15 1939

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

10933
Do not use this space.

1. PLACE OF DEATH
(a) County Harrison 2
(b) Township or (c) City Marion 1
Registration District No. 341
Primary Registration District No. 5478
Registered No. 6
(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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Joseph Francis Hickman
(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*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvia Francisco
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1874
7. AGE: Years 64 Months 7 Days 6 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. Stock & grain
10. Date deceased last worked at this occupation (month and year) Mch. 1939
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winterset Ia.

FATHER
13. NAME Joseph Hickman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

MOTHER
15. MAIDEN NAME Sweldia Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Ohio

17. INFORMANT Mrs J. F. Hickman
(ADDRESS) Ridgeway Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridgeway DATE 3/28/39
19. FUNERAL DIRECTOR (NAME) Rogan & Fox
(ADDRESS) Ridgeway Mo.
20. FILED 3-28 1939 Lee Brewer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar. 26 1939, to Mar. 26 1939
I last saw him alive on Mar 26 1939. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance: None

Name of operation ..... Date of ..... ✓
What test confirmed diagnosis? Physical 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) Lee Brewer, M. D.
309 (Address) Ridgeway 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 UNFADING INK—THIS IS A PERMANENT RECORD

I X16805

RECEIVED
District Health Officer No. 11
District File Number 129-284
Date Filed APR 10 1939

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 J. Rogan

Licensed Embalmer No. 2026

P. O. Address Ridgeway

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.