REC'D APR 11 1939

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

11465
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston 2 Registration District No. 508
(b) Township Chillicothe 1 Primary Registration District No. 5674 Registered No. 41
(c) City ~~Chillicothe~~ (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 Charette Hickman
(a) Residence, No. 1½ Mile Easton 36 Highway 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF Charles Hickman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17-1871
7. AGE: Years 68 Months 2 Days 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Floris Iowa / Iowa

FATHER
13. NAME John Nelson Ryun
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown / Ohio

MOTHER
15. MAIDEN NAME Anna Weddell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County / Iowa

17. INFORMANT (ADDRESS) Charles Hickman 1½ Miles on 36 Hwy Rt 1
18. BURIAL, CREMATION, OR REMOVAL PLACE Burnside Cem DATE March 23, 1939
19. FUNERAL DIRECTOR (ADDRESS) F. A. Meinershagen 456 Chillicothe Mo
20. FILED 3-23-1939 Donald C. Powell, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 22-1939

22. I HEREBY CERTIFY, That I attended deceased from Mch 17, 1939, to Mch 22-1939
I last saw her alive on Mch 22, 1939. Death is said to have occurred on the date stated above, at 3 30 P m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset Several years

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Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? Physical 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) Reuben Barnett M. D.
(Address) Chillicothe 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

30M-7-20-37 I X12004

RECEIVED
District Health Officer No. 11
District File Number 39-224
Date Filed APR 6 1939

STATEMENT BY LICENSED EMBALMER

I, Elmer Thomas, Licensed Embalmer No. 2640

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.)