REC'D APR 21 1939

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

12451
Do not use this space.

1. PLACE OF DEATH
(a) County Saline
(b) Township Cambridge
(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.

Registration District No. 60799
Primary Registration District No. 60 37B
Registered No. 10

2. PRINT FULL NAME 255 Virginia Frances 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: Female
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: Jas. L. Hickman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/27/1855

7. AGE: YEARS 83 | MONTHS 10 | DAYS 13 | 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): Saline Co. Missouri 0

FATHER
13. NAME: Henry Walls 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 0

MOTHER
15. MAIDEN NAME: Mary Jane Pemberton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co. Missouri

17. INFORMANT (ADDRESS): Miss Cora Hickman, R.F.D. Slater, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Marshall, Mo. DATE: 3/13 - 39

19. FUNERAL DIRECTOR (ADDRESS): HILL BROTHERS, Slater, Mo.

20. FILED: 3 12 - 39 W. M. Tuttle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/10/'39, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939, to Mar 10, 1939
I last saw her alive on March 10, 1939. Death is said to have occurred on the date stated above, at 2 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3/4/39
Chr. nephritis	?
108	
Other contributory causes of importance:	
Chr. myocarditis	?
Hypertension	?

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) C. A. McBurney, M. D.
(Address) Slater, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 4/11/39

STATEMENT BY LICENSED EMBALMER

I, Sam M Hill, Licensed Embalmer No. 1292

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Sam M Hill

Licensed Embalmer No. 1292

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.)