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

22819
Do not use this space.

JUL 14 1939

1. PLACE OF DEATH
(a) County NEWTON 3 Registration District No. 609
(b) Township W. BENTON 1 Primary Registration District No. 3-809 Registered No. 92
(c) City ..... (d) Street No. HIGHWAY #71 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.
155

2. PRINT FULL NAME FRED HICKMAN
(a) Residence, No. JOPLIN 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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Hickman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 20, 1896
7. AGE: YEARS 42 MONTHS 9 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SURVEYOR
9. Industry or business in which work was done, as saw mill, bank, etc. Mo Hwy Dept.
10. Date deceased last worked at this occupation (month and year) 7-8-39
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PEA RIDGE ARKANSAS

FATHER
13. NAME J.C. Hickman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARKANSAS

MOTHER
15. MAIDEN NAME Anna Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARKANSAS

17. INFORMANT J. C. Hickman (ADDRESS) Salina Kans
18. BURIAL, CREMATION, OR REMOVAL PLACE Bentonville Ark DATE 7-10 1939
19. FUNERAL DIRECTOR (NAME) Ashley Bryant (ADDRESS) Neosho Mo
20. FILED 7-12 1939 Oral R. Gale M.D. Local Registrar 543

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 10, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw him alive on July 10, 1939 Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull and broken neck	
Car-truck Collision	
Other contributory causes of importance:	

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? Accident Date of injury 7-10, 1939
Where did injury occur? U.S. Highway 71 — Newton Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public highway
Manner of injury Car Struck Collision
Nature of injury Frontal fracture of skull + Broken neck

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Carey Thompson Coroner, M. D.
(Address) Neosho 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.

I X16605

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 7/13/39

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 Donald Reed, Registered Apprentice No. 202, working under my personal supervision.

Signed J. H. Bryham

Licensed Embalmer No. 2689

P. O. Address Neosho Mo

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.