

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.

3rd AUG 11 1939

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

26381

Do not use this space.

1. PLACE OF DEATH

(a) County NEWTON Registration District No. 609
 (b) Township W. BENTON Primary Registration District No. 5809
 (c) City _____ (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (d) Street No. HIGHWAY # 71 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

2. PRINT FULL NAME

REBECCA RUTH HICKMAN
 (a) Residence, No. JOPLIN MO St. (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 FRED HICKMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 18, 1904

7. AGE YEARS 34 MONTHS 9 DAYS 22 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, book keeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
 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) ARKANSAS

13. NAME J. A. SEAMAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

15. MAIDEN NAME ELLA DANIELS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS

17. INFORMANT (ADDRESS) J. A. Seaman Bentonville Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Bentonville Ark DATE 7-10-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter B. Lane Neosho Missouri

20. FILED 7-12-39 Local Registrar (Address) Neosho Mo.

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 her dead 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:

FRACTURED SKULL - (temporal and frontal) crushed chest - left shoulder torn off - 27 separate lacerations

Other contributory causes of importance: Car-truck collision

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 7-10-39
 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-truck collision
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Walter B. Lane M. D.

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. Byham

Licensed Embalmer No. *2689*

P. O. Address. *Reed's Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.