DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38778

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4542

DEC 11 1939

1. PLACE OF DEATH:

(a) County: Jackson,

(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1228 West 72nd St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether years, months or days)

In this community: Unknown,

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Jackson,

(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No.: 1228 West 72nd Street,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME: Lora Dible Hickok, 22-D

3. (b) If veteran, name war: x No

3. (c) Social Security No: No x

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married,

6. (b) Name of husband or wife: Garold L. Hickok,

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: June (Month) 19th (Day), 1904, (Year)

8. AGE: Years 35 | Months 5 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace: Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation: housewife,

11. Industry or business: x

MOTHER FATHER

12. Name: N. W. Dible,

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Grace Greenwell Wells,

15. Birthplace: Indiana, (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Ellis Dible,

(b) Address: 73rd & Ward Parkway, K. C., Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof: 11-29-39 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Moriah Pantheon,

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) Nov. 29, 39 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th, year 1939, hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from March 30, 1939 to November 28, 1939 that I last saw h. alive on November 28, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Toxemia from diffuse abdominal carcinomatosis with peritoneal implantations — Duration: March 39

Due to: Primary Carcinoma of Ovary - Removed 4-13-39 — 4 mo

Due to: Right Ovary removed 12-31-38

Left Ovary removed 4-13-39

Other conditions (Include pregnancy within 3 months of death): Operated for Intestinal Obstruction

Major findings: Of operations 7-12-39

Of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Joseph E. Walker (M. D. or other) MD

Address: 836 Professional Bldg. Date signed: 11/29/39 Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 — 1 X19511

Dr. Joseph Wilker,

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.....

Licensed Embalmer No.....

P. O. Address.....

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.