

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.

Registration District No. 582

Primary Registration District No. 4344

1. PLACE OF DEATH:  
(a) County MONROE  
(b) City or town PARIS  
(c) Name of hospital or institution MEMORIAL HOSPITAL  
(d) Length of stay: In hospital or institution 1 DAY  
In this community 1 DAY

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County MONROE  
(c) City or town RURAL  
(d) Street No. 10 M. S.W. OF PARIS, MO.  
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME MARGRET LEE HICKEY  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

20. DATE OF DEATH: Month NOV day 21 year 1939 hour 10 minute 30 P.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CHARLES L. HICKEY  
6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased JULY 13, 1865.

21. I hereby certify that I attended the deceased from Nov 10, 1939 to Nov 21, 1939 that I last saw her alive on Nov 21, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 70 Months 2 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MONROE Co., Mo.

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name FRENCH GLASCOCK  
13. Birthplace ROLLS Co. Mo.  
14. Maiden name ELIZABETH MULLERSON  
15. Birthplace UNKNOWN.

Other conditions Chronic Asthma  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant's own signature Walter J. Hickey  
(b) Address R.F.D., PARIS, MO.

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

17. (a) BURIAL (b) Date thereof Nov 23, 1939  
(c) Place: burial or cremation WALNUT GROVE.

18. (a) Signature of funeral director Speed & Slakey  
(b) Address PARIS, MO. 10.11

While at work? ✓ (Specify type of place) \_\_\_\_\_ Means of injury ✓  
28. Signature M. C. M. Hickey  
Address PARIS, MO. Date signed 11-23-39

19. (a) Nov. 23, 1939 (b) F. A. Barnett  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 2-39-2144

Date Filed DEC 12 1939

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 Edmond H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.