

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 253

1. PLACE OF DEATH: Boone 2
 (a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: no - 1109 Wilkes Blvd
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
 In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1109 Wilkes Blvd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME ANNA HICKAM 250
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive NO years
 7. Birth date of deceased Oct 9 1880
 (Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Cooper Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Columbia Tribune

12. Name Thomas B Hickam
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Coonce
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs John Ridgway
 (b) Address 403 Melbourne St.

17. (a) Burial (b) Date thereof Dec 24 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director R. W. Coonce
 (b) Address Columbia Mo

19. (a) 12/26/39 (b) Allie Selby
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23rd
 year 1939 hour 12:25 minute A M.

21. I hereby certify that I attended the deceased from December 15, 1939, to Dec 28, 1939;
 that I last saw him alive on Dec 22, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Infarction Duration 3 yrs
 Due to Had chronic tuberculosis for 25 yrs.
 Due to _____

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: none
 Of operations no
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. W. Schmidt (M. D. or other) _____
 Address Columbia, Mo Date signed 12-26-39

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.

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

[Handwritten Signature]

Registered Apprentice No. **3183**

working under my personal supervision.

Willet
FUNERAL HOME
COLUMBIA, MO.

Signed *[Handwritten Signature]*

Licensed Embalmer No. **3183**

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.