

Registration District No. 561 Primary Registration District No. 5755 Registrar's No. 83

1. PLACE OF DEATH:
(a) County MILLER
(b) City or town Eldon RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 7 yrs. 7 mo. 26 da.
years, months or days)

8. (a) PRINT FULL NAME GEORGE WASHINGTON HICKS
3. (b) If veteran, name war 170 3. (c) Social Security No. NO.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MINERVA HICKS 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased APRIL 18 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation FARMER & STOCKMAN

11. Industry or business _____

MOTHER FATHER
12. Name William Hicks
18. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET CRISP
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minerva Hicks
(b) Address Eldon, Mo.

17. (a) BURIAL (b) Date thereof 12 15 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. PLEASANT

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 12-15-1939 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MILLER
(c) City or town Eldon RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. SALOME TOWNSHIP
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 14
year 1939 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov 9 1939 to Dec 14 1939
that I last saw him alive on Nov 9 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Anoxemia Duration 12/12/39
Due to Arterio-sclerosis 2
Due to Chronic nephritis 2

Other conditions (Include pregnancy within 3 months of death) 12/1
Major findings: Of operations _____
Of autopsy _____
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 G. D. Walker (M. D. or other) MD
Address Eldon Mo Date signed 12/14/39

MARGIN RESERVED FOR BINDING
 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.

RECEIVED

Miller County Health Dep't.

File No. 39-147- --

1-12-40

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.