

FILED FEB 19 1940

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

4050

Do not use this space.

1. PLACE OF DEATH

(a) County Taney Registration District No. 861
 (b) Township Beaver Primary Registration District No. 6127 Registered No. 6
 (c) City McClurg, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Hicks

(a) Residence, No. McClurg, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 George T. Hicks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Brown Branch, MoFATHER 13. NAME Anderson Floyd14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.MOTHER 15. MAIDEN NAME Elizabeth Roberts16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT (ADDRESS) Margaret Jones
Ridgedale, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE 1-24-194019. FUNERAL DIRECTOR (NAME) (ADDRESS) 77320. FILED 1-22-40 Irma B. Rejnoso (Address) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1940 to 1-22, 1940
 I last saw her alive on Jan 21, 1940. Death is said to have occurred on the date stated above, at 12:20 m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

not known

Other contributory causes of importance:

Name of operation Autopsy Date of Jan 21
 What test confirmed diagnosis? By Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) R. M. Harrison M. D.
Red m

Dr. R.M. Norman

RECEIVED

District Health Officer No. *6*

Division File Number *240-590*

Date Filed FEB 15 1940

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.