

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 36

Primary Registration District No. 5306

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Wick

(b) City or town Cross Timbers, Mo.  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wick

(c) City or town Cross Timbers  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Fannie Morgan

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex fr 5. Color or race w

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

6. (b) Name of husband or wife E. W. Morgan

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 29, 1858  
(Month) (Day) (Year)

8. AGE:

|           |          |           |                      |
|-----------|----------|-----------|----------------------|
| Years     | Months   | Days      | If less than one day |
| <u>81</u> | <u>4</u> | <u>10</u> | hr. _____ min. _____ |

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

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name W. C. Hickman

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

14. Maiden name Martha Hicks

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

16. (a) Informant's own signature Harry Lee Hickman

(b) Address Wheatland, Missouri

17. (a) Burial (b) Date thereof 7/10/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Timbers

18. (a) Signature of funeral director J. R. Lindsey

(b) Address Wheatland, Mo.

19. (a) Feb 20, 1940 (b) B. O. Pickett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9  
year 1940 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan. 1-1  
1, 1938 to Feb 9, 1940,  
that I last saw him alive on Feb 26, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Duration 1 yr

Due to Jan 1 - 1938

Due to 3/10

Other conditions no history  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

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

23. Signature J. M. Edwards, M.D. (M. D. or other) 11

Address Cross Timbers Mo Date signed 2-15-40

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  
District Health Officer No. 7,  
District Health 3-40-488  
District No. 3-15-409  
Date Recd 3-15-409

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 J.P. Luckey  
Licensed Embalmer No. 2989  
P. O. Address Wheatland W.

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.