

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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

7738
 Do not use this space.

1. PLACE OF DEATH.

(a) County Phillips Registration District No. 676
 (b) Township Marion Primary Registration District No. 4402
 (c) City Springfield (d) Street No. Newburg Registered No. 6
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Missouri
 (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.

(a) Residence, No. 1441 N. Robinson Springfield, Mo. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucie Wicker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1877</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>10</u>
	DAY <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Physician</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Dr.</u>	
	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)	<u>Richland, Mo.</u>	
FATHER	13. NAME <u>Jose Wicker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Alterson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union, Mo.</u>	
17. INFORMANT (ADDRESS)	<u>Eugene Wicker</u> <u>1443 N. Robinson</u> <u>Springfield</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Springfield, Mo.</u> DATE <u>Feb 15, 1946</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>Wm. J. DeJohnston</u> <u>Springfield, Mo.</u>	
20. FILED	<u>2/29 1946</u> <u>DeJohnston</u> Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1946

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:
mitral stenosis

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 1

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 1
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. Charles Leckie, owner M.D.
St. James, Mo. (Address)

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,

Self

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *R. P. Thorne*

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.