

FILED MAR 18 1940

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Phelps
 (b) City or town Rolla, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rolla Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jas. Everett Rickerson 262

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nell Ann Tomlinson 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May 10 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Phelps County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Rickerson

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

14. Maiden name Ella Carolton

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

16. (a) Informant's own signature Wife

(b) Address Waynesville, Mo.

17. (a) BURIAL (b) Date thereof Feb 27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cem

18. (a) Signature of funeral director J. L. HOOPS & SONS

(b) Address Crocker, Mo.

19. (a) Feb 27, 1940 (b) Jose F. Reyes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
 (c) City or town Waynesville, Mo.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th.
 year 1940 hour 9 minute 13 A. M.

21. I hereby certify that I attended the deceased from Feb 22, 1940 to Feb 25 1940; that I last saw him alive on Feb 25, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death:
Cholesterol of the
bulbs portion of the
artery
 Due to arteriosclerosis

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 Jose F. Reyes (M. D. or another) _____
 Address Rolla Mo Date signed 2/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A SEPARATE STATEMENT OF OCCUPATION

FORM 2-17-39

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.....

....., Registered Apprentice No.....

RECEIVED
....., my personal supervision.

District Health Officer No. 5,

District File Number 340313

Date filed 3/2/40

Signed Geo. J. Hoops

Licensed Embalmer No. 3618

P. O. Address Crocker, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7741
Registrar's No. 27

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 677

Primary Registration District No. 4403

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Phelps.
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Jas Everette Riskerson

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year

7. Birth date of deceased May 10 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>(43)</u>	<u>47</u>	<u>9</u>	<u>15</u>	hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) April 18, 1940 (b) Jos. F. Oyers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits write "RURAL")
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH Month Feb day 25 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....
Other conditions.....
(include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 H. Sidney McFarland
Address Rolla Date signed.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

