

15518

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

MAY 13 1940

Registration District No. 574.

Primary Registration District No. 5227A

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town Rural Linn  
(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 JAMES TROBEY HICKAM

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

7. Birth date of deceased 12 15 1871  
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 13 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

12. Name Thomas Hickam

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

14. Maiden name Hannie Koonse

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

16. (a) Informant's own signature Jay Hickam

(b) Address Overton Mo

17. (a) removal (b) Date thereof 4-30-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clayton Cern.

18. (a) Signature of funeral director C.A. Hornbeck

(b) Address Prairie Home Mo

19. (a) May 1 1940 (b) Abbe Oual  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn  
(c) City or town Overton Rural  
(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.? 45 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1940 hour 6 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 4  
9 1940 to 4-28 1940  
that I last saw him alive on 4-28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 19/40

Due to Influenza 15/40

Due to \_\_\_\_\_

Other conditions 11/2  
(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?  
506

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

23. Signature A. K. Meredith (M. D. or other) med

Address Prairie Home Date signed 4-30-40

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....  
C. Albert Hornbeck....., Registered Apprentice No.....  
working under my personal supervision.

Signed C. Albert Hornbeck.....

Licensed Embalmer No. 2714.....

P. O. Address Prairie Home 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.**