No. 2
11-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23116

Registration District No. 9 JUL 25 1940 Primary Registration District No. 62-24-40 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mtn Grove
(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 Wright

(c) City or town Mtn Grove
(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.

3. (a) PRINT FULL NAME Julia A. Hicks 200

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife S. P. Hicks

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec. (Month) 17 (Day) 1866 (Year)

8. AGE: Years 73 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Williams
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary H. Lite
15. Birthplace N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Hicks
(b) Address Mtn Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Jesse Stapp
(b) Address Mtn Grove Mo

19. (a) 6-8-40 (Date received local registrar) (b) Bernice Martzmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1940 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 10 1939, to Mar. 11 1940; that I last saw her alive on Mar. 11 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to 97	
Other conditions (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? 831 (Specify type of place)
While at work? (e) Means of injury

23. Signature R. W. Denney (M. D. ~~or other~~) 1
Address Mtn Grove Mo. Date signed 3-15-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 640-1463
Date Filed
JUN 26 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 George Stapp

Licensed Embalmer No. 3161

P. O. Address Mtn Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.