V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

40

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. 25270

FILED AUG 19 1940

Registration District No. 326 Primary Registration District No. 0458 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Grundy

(b) ~~City or town~~ Rural Washington Twp

(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 78 7 22 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Rural

(If outside city or town limits write "RURAL")

(d) Street No. Washington Township

(If rural, give location)

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

8. (a) PRINT FULL NAME John Henry Hickman 255

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 Widowed

6. (b) Name of husband or wife Laura Hickman

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

7. Birth date of deceased November (Month) 29 (Day) 1861 (Year)

8. AGE: Years 78 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Emery Hickman
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Martha Wild
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Effie Lankford

(b) Address Spickard Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 23 (Day) 1940 (Year)

(c) Place: burial or cremation Wild Cem.

18. (a) Signature of funeral director Chas E Schools

(b) Address Spickard Mo

19. (a) July 22, 40 (Date received local registrar) (b) Mrs Wilbur Vaughn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1940 hour 6:50 p.m. minute M.

21. I hereby certify that I attended the deceased from July 14, 1940 to July 21, 1940 that I last saw him alive on July 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemmorage — Duration Once week

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operations

Of autopsy No 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 C. L. McClouden (M. D. or other) M.D.

Address Spickard, Missouri Date signed July 22

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 940-1297
Date Filed AUG 14 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 Ross Wise, Registered Apprentice No. _____, working under my personal supervision.

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Sarcoxie 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.