No. 2
4-13-40
5-17-39
I X23150

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 16 1940

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5127

State File No. 28064

Registrar's No. 902

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ~~ST-JOSEPH~~ Rural (West) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution N.S. Washington Sup. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community OVER - 40 YRS, 2 2

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BUCHANAN
(c) City or town ST-JOSEPH (RURAL) (If outside city or town limits, write "RURAL")
(d) Street No. MAXWELL-ROAD. RFD #3 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME WILLIAM-EDWARD-RICKETTS
3. (b) If veteran, name war NO.
3. (c) Social Security No. none
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lois
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July (Month) 19 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
82	0	27	hr. min.

9. Birthplace Andrew Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Groceryman and
11. Industry or business Carpenter
FATHER
12. Name Edward Rickett
13. Birthplace Unk Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Gardner
15. Birthplace Unk Ky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lois E Rickett
(b) Address St Joseph,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-19-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem
18. (a) Signature of funeral director Roy Stanley
(b) Address St Joseph Mo.
19. (a) Aug 17 1940 (Date received local registrar) (b) A. Wedebrunch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1940 hour 9 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 1, 1940, to Aug 16th, 1940, that I last saw him alive on Aug 16th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to —

Due to —

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

Major findings: —
Of operations —

Of autopsy no

Duration

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) no
(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 S. T. Stanley (M. D. or other)
Address 2624 St Joseph Mo. Date signed 8/18/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Aug 16 1940, Registered Apprentice No.....

working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo.

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

If this body is not embalmed, fact should be so stated above.