

SEP 19 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MAILED AUG 14 1940

Registration District No. 266

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28405

Registrar's No. 53

Primary Registration District No. 4164

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Salem  
(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 all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Salem  
(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 Charles Corbley Hickman

8. (b) If veteran, name war: -- 3. (c) Social Security No. 489-14-9340

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

6. (b) Name of husband or wife Louisa Ellen Nelson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 12 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 5 29 hr. min.

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

10. Usual occupation Carpenter

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

MOTHER FATHER { 12. Name John Hickman  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucy Jenkins  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Festus Hickman  
(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 7/13/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cemetery

18. (a) Signature of funeral director Carl Z. Spencer  
(b) Address Salem, Mo.

19. (a) July 13 1940 (b) [Signature]  
(Entered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1940 hour 11:15 minute A M.

21. I hereby certify that I attended the deceased from 6-30-40  
1940, to 7-10-40, 1940;  
that I last saw him alive on 7-10-40, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Hypertension - arteriosclerosis

Other conditions [Signature]  
(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? 240  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3 DO

23. Signature Jas. Ph... [Signature] (M. D. or other) DO  
Address Salem, Mo. Date signed 7-13-40

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

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

840838

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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~~.....

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

working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.**