

SEP 23 1940
Registration District No. 08

Primary Registration District No. 3026

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Near 1400 Court St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clyde A. Stick 37
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 Lillie Stick
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased February 7, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 27
If less than one day hr. min.

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

10. Usual occupation Police Officer

11. Industry or business

MOTHER FATHER
12. Name George Stick
13. Birthplace Chillicothe Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Wanda Tarnate
15. Birthplace Richmond Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillie May Stick

(b) Address Chillicothe Mo

17. (a) Burial (b) Date thereof Aug 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeler Mo

18. (a) Signature of funeral director James Gordon

(b) Address Chillicothe Mo

19. (a) 8-5-40 (b) H. M. Trace, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 206 Cherry
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1940 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from once
from 8/4, 1940 to 8/4-40, 1940;
that I last saw her alive on 8/4-, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of head
Due to self inflicted
Due to _____

Other conditions (Include pregnancy within 3 months of death) 167

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) suicide

(b) Date of occurrence 8/4-40

(c) Where did injury occur? Chillicothe Linn Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway

While at work? NO (e) Means of injury Gun shot
(Specify type of place) (M. D. certifies)

23. Signature George Gordon (M. D. certifies)
Address Chillicothe Mo Date signed 8-5-40

RECEIVED
District Health Officer No. 11,
District File Number 9440-1426
Feb 1926

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.....

Donald F. Gordon

....., Registered Apprentice No. *223*

working under my personal supervision.

Signed *James T. Gordon*

Licensed Embalmer No. *1870*

P. O. Address *Whitcomb, Ms*

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.