

OCT 18 1940

Registration District No. 4

Primary Registration District No. 5586

Registrar's No.

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

1. PLACE OF DEATH:

(a) County JOHNSON
(b) City or town RURAL GROVER TWP
(If outside city or town limits, write "RURAL" and name of township)
(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 35 YEARS
years, months or days)

8. (a) PRINT FULL NAME JOHN FICKEN

8. (b) If veteran, name war NO 8. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased SEPT 21 1880
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 0 If less than one day hr. _____ min.

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

10. Usual occupation NONE

11. Industry or business NONE

12. Name GERHARDT FICKEN

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name META HINCH

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant FRITZ WVERKING

(b) Address CONCORDIA MO

17. (a) BURIAL (b) Date thereof SEPT 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST PAULS CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) Sept 24-40 (b) JO KACH
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 20 1940
_____ 19____ to Sept 21 _____ 1940
that I last saw him alive on Sept 21 _____ 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Failed bowels, Volvulus 4 days

Due to _____

Due to _____

Other conditions _____
(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?
300

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dr. Johnston (M. D. or other) 1
Address Concordia Date signed 9-23-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
Permit File Number
Date Filed 10-11-40

00

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed E. S. James
Licensed Embalmer No. 2058
P. O. Address Conradia 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.