No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36562

Registration District No. 836 | Primary Registration District No. 60984 | Registrar's No. 52

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

3

1. PLACE OF DEATH
(a) County: Stoddard
(b) City or town: Liberty 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: 2 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Stoddard
(c) City or town: Bernie
(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.

3. (a) PRINT FULL NAME: John Edward Rickman
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Sing
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Nov. (Month) 4 (Day) 1939 (Year)
8. AGE: Years ____ Months 11 Days 10 If less than one day ____ hr. ____ min.
9. Birthplace: Bernie (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: 0
11. Industry or business: 0
12. FATHER Name: Ed Rickman
13. FATHER Birthplace: Dudley (City, town, or county) Mo (State or foreign country)
14. MOTHER Maiden name: Fedrie Tucker
15. MOTHER Birthplace: Bernie (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Ed Rickman
(b) Address: Bernie Mo
17. (a) Bur (Burial, cremation, or removal) (b) Date thereof: 10-15-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Bernie Mo
18. (a) Signature of funeral director: Hutchins Funeral
(b) Address: Dexter Mo
19. (a) Oct 18-40 (Date received local registrar) (b) Laura Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Oct. year 1940 hour 12 minute 30 M.
21. I hereby certify that I attended the deceased from Oct 11, 1940 to Oct 14, 1940, that I last saw him alive on Oct 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Colitis — Duration: 1 week
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of 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: J E Grace (M. D. or other)
Address: Bernie Mo Date signed:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 140-16
Date Filed 11/8/49

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 Virgil H. Welch, Registered Apprentice No. ..... working under my personal supervision.

Signed Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Dexter, Me

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

If this body is not embalmed, above space should be left blank.