

Registration District No. 347

Primary Registration District No. 308

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
606 W Grandriver 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) 13 yrs (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME

W^m Hicks

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male5. Color or race White6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Charity Hicks

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

18 1859 (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

8117

hr.

min.

9. Birthplace

Camden CoMo

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name Dudley Hicks

13. Birthplace

UNKNOWN

(City, town, or county)

(State or foreign country)

14. Maiden name

Verina Parker

15. Birthplace

UNKNOWN

(City, town, or county)

(State or foreign country)

16. (a) Informant

Chas Hicks

(b) Address

Clinton Mo17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

12 27 40

(Month) (Day) (Year)

(c) Place: burial or cremation

Lowry City Cem

18. (a) Signature of funeral director

Jed Wilkinson

(b) Address

Clinton Mo19. (a) Dec. 31 1940

(Date received local registrar)

(b) Dr. J. R. Hampton

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 606 W Grandriver
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 1940 hour 9 minute 14 P. M.

21. I hereby certify that I attended the deceased from 12/23, 1940 to 12/25, 1940
that I last saw him alive on 12/25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Embolism 2da
Due to Atherosclerosis
Valvular Endocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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) _____
(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? 312

While at work?

(Specify type of place)

(a) Means of injury

23. Signature

Elmer G. Decker

(M. D. or other)

Address

Clinton Mo

Date signed

12/26/40

RECEIVED

District Health Officer No. 7,

District File Number 1-41-22

Date Filed 1-3-41

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.....

Licensed Embalmer No. 2478

P. O. Address Clinton

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, fact should be so stated above.