

FEB 14 1941 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 6

1. PLACE OF DEATH:
 (a) County CARROLLWAY
 (b) City or town Fulton
 (c) Name of hospital or institution: State Hospital # 12
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 29 days (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME ALEX HICKAM
 3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex M 5. Color or race Col
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased DK
 (Month) (Day) (Year)

8. AGE: Years 79 (?) Months _____ Days _____ If less than one day
 hr. _____ min. _____

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

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name BEDFORD HICKAM

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

14. Maiden name DK

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

16. (a) Informant Hospital Records

(b) Address _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-10-41
 (Month) (Day) (Year)

(c) Place: burial or cremation Stephens MO

18. (a) Signature of funeral director R. N. Crew

(b) Address 608 Park Ave Columbia

19. (a) Jan. 10, 1941 (Date received local registrar) (b) R. N. Crew (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County CARROLLWAY
 (c) City or town STEPHENS
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 10
 year 1941 hour ONE minute 07 A.M.

21. I hereby certify that I attended the deceased from Dec. 12
 _____, 1940, to JANUARY 10, 1941;
 that I last saw him alive on JANUARY 9, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA

Duration 3 days

Due to Bilateral Infected Hy. Jaecole

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? 106
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. N. Crew (M. D. or other) D
 Address _____ MO Date signed _____

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

14
1
2

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.....

P. O. Address.....

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.