No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7368

D MAR 17 1941

Registration District No. 449

Primary Registration District No. 2467

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Laclede 53
(c) City or town Rural Eldridge Twp. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. .....
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years. 0

3. (a) PRINT FULL NAME James Madison Hickman

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Hickman

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

7. Birth date of deceased April (Month) 7 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	10	13	..... hr. ..... min.

9. Birthplace Laclede Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Maston Hickman
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Tennison
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jasper R Lewis
(b) Address Lebanon Mo Linn Creek Star R.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 21 (Day) 1941 (Year)
(c) Place: burial or cremation Fullbright Cemetary

18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo

19. (a) 2-22-41 (Date received local registrar) (b) J A McCamb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1941 hour 2 minute 0 a M.

21. I hereby certify that I attended the deceased from Jan 10, 1941, to Feb 20, 1941;
that I last saw him alive on Feb 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to .....

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

23. Signature J. H. Summers (M. D. ~~or other~~)
Address Lebanon Mo Date signed 2/21/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-549
Date Filed 3-13-41

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 NO Embalming, 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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.