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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10894

FILED APR 21 1941

Registration District No. 400

Primary Registration District No. 55537

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lees Summit  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 84 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Leora V. Hickman

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Female

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 April 14 1856  
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 29 If less than one day hr. - min. -

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

10. Usual occupation housewife

11. Industry or business -

MOTHER FATHER

12. Name J. T. Hickman

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

14. Maiden name Clay Beth Fisher

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

16. (a) Informant Mrs. J. D. Dechler

(b) Address Lees Summit Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Cem.

18. (a) Signature of funeral director Fields Funeral Home

(b) Address Lees Summit Mo.

19. (a) 3-4-41 (Date received local registrar) (b) Sara E. Grant (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Lees Summit  
(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? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 18, 1941, to March 3, 1941; that I last saw her alive on March 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death

Hypostatic pneumonia  
Chronic myocarditis

Due to Senility

Due to Aspiration

Other conditions (Include pregnancy within 3 months of death)

Duration

1 day  
2 years  
5 years

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? -

937

What at work? - (Specify type of place)

(a) Means of injury -

23. Signature Clint R. Miller (M. D. or other) 0

Address Lees Summit Mo Date signed 3/4/41

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

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**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.....

*P. C. Fields*

Licensed Embalmer No. *2957*

P. O. Address.....

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

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