

Registration District No. 801

Primary Registration District No. 4430

Registrar's No. _____

1. PLACE OF DEATH: Saline

(a) County _____

(b) City or town Sweet Springs
(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 _____ (Specify whether)

In this community Life years, months or days

3. (a) PRINT FULL NAME J. C. HICKLIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Odelle Hicklin 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased JUNE 30, 1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business Produce Business

MOTHER FATHER { 12. Name John Hicklin

13. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Herm Carmack

15. Birthplace Pettis Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Odelle Hicklin

(b) Address Sweet Springs Mo

17. (a) Burial (b) Date thereof 7. 7. 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Transeau Cemetery

18. (a) Signature of funeral director R. C. Carter

(b) Address Sweet Springs Mo

19. (a) 3/6/41 (b) R. D. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 97

(a) State Missouri (b) County Saline

(c) City or town Sweet Springs Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 206 W. Marshall St
(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 5
year 1941 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 27, 1938 to March 5, 1941
that I last saw him alive on March 4, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Nephritis & edema 2 weeks
infarcts from emboli

Due to Bacterial Endocarditis

Other conditions Pulmonary emboli
(Include pregnancy within 3 months of death)
Cerebral emboli &

Major findings: Left Hemiplegia

Of operations _____

Of autopsy 12/18

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? _____

At work? (Specify type of place) _____ (e) Means of injury _____

23. Signature Leaburn Ellis (M. D. or other) ✓

Address Sweet Springs Mo Date signed 3/6/41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-8-41

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 *R. C. Carter*

Licensed Embalmer No. 3513

P. O. Address *Shut L...*

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, above space should be left blank.