

Registration District No. 971

Primary Registration District No. 6155

Registrar's No. 543

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Osage Mo
(c) Name of hospital or institution:
Ketterman, Mo (R.F.D.) 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 34 yrs
years, months or days

3. (a) PRINT FULL NAME Joseph A. Hickerson

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mathie Hickerson 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Jan 14, 1849
(Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Elias Marshal Hickerson

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

14. Maiden name Mary Ann Hays

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

16. (a) Informant Clinton Hickerson

(b) Address Osage Mo R.F.D. #2

17. (a) Burial (b) Date thereof 2/28/49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huttons Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Madaya, Mo

19. (a) 3-5-41 (b) Thelma Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Osage township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27,
year 1941 hour 1:10 minute A M.

21. I hereby certify that I attended the deceased from Jan 14
_____ 1941, to Feb 27, 1941
that I last saw _____ alive on Feb 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerosis

Due to (General)

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

23. Signature G. E. Davis (M. D. or other) _____
Address Walker Mo Date signed 3/4/41

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

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 Lloyd P. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo

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.