Dawson
S. No. 2
-11-10-39
5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24825

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 43

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

20
1
0

1. PLACE OF DEATH:

(a) County Vernon Cedar

(b) City or town El Dorado Springs (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ✓ 1 (Specify whether

In this community Two years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Vernon~~ Cedar 020 1 0

(c) City or town El Dorado Springs (If outside city or town limits, write "RURAL")

(d) Street No. 122 W. Hickory (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME Charles Douglas Hickey

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

3. (c) Social Security No. 702-10-8139

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Marea Hickey

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Feb. (Month) 21 (Day) 1897 (Year)

8. AGE: Years 44 Months 5 Days 27 If less than one day ___ hr. ___ min.

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

10. Usual occupation Railway Station Agent

11. Industry or business

FATHER
12. Name Charles Hickey
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Jennie McCaffrey
15. Birthplace London (City, town, or county) Canada (State or foreign country)

16. (a) Informant Marea Hickey

(b) Address El Dorado Springs Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo.

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada Mo.

19. (a) 8-18-41 (Date received local registrar) (b) W Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17 year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Aug 12, 1941, to Aug 17, 1941; that I last saw him alive on Aug 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

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.

94a

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 W Dawson (M. D. or other)

Address El Dorado Spgs Date signed 8-18-41

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1941

NOV 8 1941

OCT 6 1941

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 Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada Mo.

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

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