

No. 2
-17-39
X23158

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25203

State File No. _____

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(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 1
(Specify whether _____)

In this community all life
years, months or days

3. (a) PRINT FULL NAME ROBERT LAWRENCE HICKMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M | 5. Color or race W

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 Oct 2 1924
(Month) (Day) (Year)

8. AGE: Years 16 Months 9 Days 19 | If less than one day hr. _____ min. _____

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

10. Usual occupation Painter

11. Industry or business _____

12. Name ELMER L. HICKMAN

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

14. Maiden name LUCETTA GREGORY

15. Birthplace COUNCIL GROVE KAN
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Hickman

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 7-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalus & Beck

(b) Address Clinton Mo

19. (a) 8-6-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #6
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day July, year 1941 hour 2:30 minutes _____ M.

21. I hereby certify that I attended the deceased from on July 21
_____ 1941.

that I last saw him alive on July 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death was gun shot wound from 40. S&W
accidentally discharged.

Due to accident.

Due to _____

Other conditions 154-4
(include pregnancy within 3 months of death) 7

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident.

(b) Date of occurrence July 21, 1941.

(c) Where did injury occur? On farm, Henry Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
occurred on a farm.

While at work? _____ (Specify type of place)

(e) Means of injury 40 S&W

23. Signature [Signature] (M. D. or other) [Signature]

Address 208 S. Water Clinton Date signed July 23, 1941

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1335

Date Filed 8-14-41

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 J. E. Conrath

Licensed Embalmer No. 1891

P. O. Address Clinton, Md

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, fact should be so stated above.

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1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town Clinton
(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 at of 2 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. RR #6
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name, country:

3. (a) PRINT FULL NAME Robert L. Wickman
3. (b) If veteran, name war: 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July Day 21
Year 1941 Hour 11 Minute 15 M.
21. I hereby certify that I attended the deceased from ? to ?, 1941;
that I last saw him alive on ?, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death:

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: (Month) (Day) (Year)
8. AGE: Years 16 Months Days If less than one day min.

Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

Major findings:
Of operations:
Of autopsy:
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury

18. (a) Signature of funeral director (b) Address
19. (a) (Date received local registrar) (b) W. J. R. Hampl (Registrar's signature)

23. Signature (M. D. or other)
Address Date signed

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

SUPPLEMENTARY

S-25203