

No. 2
1-10-39
-17-39
X21432

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

25707

FILED AUG 14 1941
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 605

Primary Registration District No. 4-3-59-5804

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Parma Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 8 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Parma Mo.
(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? No years.

8. (a) PRINT FULL NAME Velma Granita Hickerson

9. (b) If veteran, name war None (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 6 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

8	20		
---	----	--	--

hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name M. O. Hickerson

13. Birthplace Wardell Mo. _____
(City, town, or county) (State or foreign country)

14. Maiden name Hannie Crase

15. Birthplace Near Hayti Mo. _____
(City, town or county) (State or foreign country)

16. (a) Informant M. O. Hickerson

(b) Address Parma Mo.

17. (a) Burial (b) Date thereof July 27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell Mo.

18. (a) Signature of funeral director Walter

(b) Address Parma Mo.

19. (a) 7-27-41 (b) Dr. G. W. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1941 hour 2:00 minute _____ M.

21. I hereby certify that I attended the deceased from 7-22-41 to 7-27-41, 19____; that I last saw him alive on 7-27-41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1190

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature W. J. ... (M. D. or other) MD.

Address Parma Mo. Date signed 7-27-41

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

RECEIVED

District Health Office No. 2,

District File Number 841-1071

Date Filed 8-12-41

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

[Handwritten Signature]
.....
Licensed Embalmer No. 4402

P. O. Address Depto. 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.