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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30905
Registrar's No. 274

Registration District No. 1 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Brushier, Mo.
(c) Name of hospital or institution: 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 30 yrs years, months or days

3. (a) PRINT FULL NAME FRANK W. WICKHAM
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (b) Name of husband or wife Jana Wickham 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 5 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joseph Wickham

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

14. Maiden name Jana Townsend

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

16. (a) Informant Mr. Jana Wickham

(b) Address Brushier, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30-41 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Fortis P. Easley
(b) Address Brushier, Mo.

19. (a) Sept 30/41 (Date received local registrar) (b) Spencer J. Freeman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 001
(a) State Mo. (b) County Adair 0
(c) City or town Brushier 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from MARCH 7, 1940, to Sept 27, 1941; that I last saw him alive on Sept 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Collapse Duration _____

Due to Cancer of Liver

Due to _____

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

Major findings: Of operations H6 F Of autopsy _____

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 0

23. Signature N.E. CORNSTURF (M.D. or other) DO.
Address Brushier, Mo. Date signed 9/29/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-41-1881

Date Filed OCT 17 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 Foster P. Easley

Licensed Embalmer No. 1146

P. O. Address Brookline, Mass.

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

If this body is not embalmed, fact should be so stated above.