

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41934

FILED JAN 21 1942

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 1001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution Springfield Baptist Hosp.
(d) Length of stay: In hospital or institution 34 years
In this community 34 years

3. (a) PRINT FULL NAME ELMER D. HECKS

3. (b) If veteran, name war NONE
3. (c) Social Security No. 491-03-2238

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LUCY L. HECKS
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Dec. 30 1906

8. AGE: Years 1 34 Months 11 Days 24
If less than one day hr. _____ min. _____

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

10. Usual occupation Buyer

11. Industry or business Produce Co.

MOTHER FATHER { 12. Name W. Frank Hicks
13. Birthplace Webster Co. Mo.
14. Maiden name Julia Gothard
15. Birthplace Webster Co. Mo.

16. (a) Informant Louise Hicks

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Dec 27-41

(c) Place: burial or cremation Simple Ridge Cemetery

18. (a) Signature of funeral director W. Klingner Co.

(b) Address Springfield, Mo.

19. (a) 12-27-41 (b) W. E. Handley M.D.

(Date received local registrar) (Registrar's signature)

W.E.H. (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(d) Street No. 1939 Howard
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24th
year 1941 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from 12-19
to 12-24
that I last saw him alive on 12/24/41
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumoniae Infelexemia

Due to _____

Due to flow

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Microtic areas in Left Lung and spleen

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? _____

(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 _____

23. Signature C. E. Feller (M. D. or other) _____

Address Springfield Mo. Date signed 12/25/41

Duration 1 wk.
Underline the cause to which death should be charged statistically.

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 Roy A. Deamin
Licensed Embalmer No. 1763
P. O. Address Springfield, 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, fact should be so stated above.