V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10002

Registration District No. 1 | Primary Registration District No. 1 | Registrar's No. 89

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stickler Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: One Year (Specify whether years, months or days)
In this community: One Year

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair 001
(c) City or town: Kirksville 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 819 E. Illinois St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Edward Lincoln Stickler
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 12 (Month) (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
77	8	3	hr. min.

9. Birthplace: Sticklerville, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Blacksmith
11. Industry or business: Blacksmithing
FATHER
12. Name: Henry Stickler
13. Birthplace: DK (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name: Jane Hibbetts
15. Birthplace: DK (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: R O Stickler
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasantville Cemt Green City, Mo.
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Mo.
19. (a) Mar. 16, 1942 (Date received local registrar) (b) Mrs. J. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1942 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from March, 1941 to March 15, 1942 that I last saw him alive on March 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia, Acute	2 Hrs.
Due to: Chronic Myocarditis, Arteriosclerotic.	1 Yr.
Due to: General arteriosclerosis	1 Yr. +1
Other conditions: Slight Uremic intoxication at intervals (Include pregnancy within 3 months of death)	6 Mo.

Major findings:
Of operations:
Of autopsy:

132.2

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: M. J. Pond. M.D. (M.D. or other)
Address: 819 E. Illinois St. Kirksville Mo. Date signed: 8/16/42

(Licensed Embalmer's Statement on Reverse Side)

1049

RECEIVED
District Health Officer No. 10
District File Number 4-10-804
Date Filed APR 15 1942

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville 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.