

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 22 1942

Registration District No.

Primary Registration District No. 4040-65110-A

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Ashtland
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone ⁰¹⁰

(c) City or town Ashtland ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Ella Hickman

3. (b) If veteran, name war V

3. (c) Social Security No. V

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James H. Hickman 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan 5 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 10 If less than one day hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Herrod B. Hedges

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

14. Maiden name Margaret Green

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

16. (a) Informant James H. Hickman

(b) Address Ashtland Mo.

17. (a) Burial (b) Date thereof 3/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashtland Cent

18. (a) Signature of funeral director Holt Burnett

(b) Address Ashtland Mo.

19. (a) Mar. 16, 1942 (b) Mrs. Alice Estes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1942 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from Mar. 9
1942, to Mar. 10, 1942
that I last saw her alive on Mar. 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism

Due to _____

Due to _____

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

Major findings: Of operations 830

Of autopsy _____

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 _____

23. Signature Louie A. Foxley (M.D. or other) D.C.

Address Ashtland Date signed 3-16-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1244

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 me
....., Registered Apprentice No.
working under my personal supervision:

Signed

W. L. Burnett

Licensed Embalmer No.

3564

P. O. Address

Ashland 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.