

FILED MAY 9 1942
Registration District No. 96

Primary Registration District No. 5142

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural Harrison Mo.
(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)

(d) Length of stay: In hospital or institution 30 da. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Richard Henry Kicks

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 12 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Felling Station Attendant

11. Industry or business _____

12. Name John Kicks

13. Birthplace Cornwall 7 Conn.
(City, town, or county) (State or foreign country)

14. Maiden name Grace Kicking

15. Birthplace Cornwall 4 Eng.
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Thompson

(b) Address Kansas City, Mo.

17. (a) Rural (b) Date thereof Apr 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Rose Hill Cemetery

(b) Address Buckneridge Mo

19. APR 15 1942 (b) _____
(Date received local registrar) (City or town) (State)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

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

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

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1942 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 9 1942 to April 12 1942
that I last saw him alive on April 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to _____

Due to _____

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

Major findings: None

Of operations None

Of autopsy None

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 NO

(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? NO (Specify type of place) (e) Means of injury NO

23. Signature E.A. Thompson (M. D. or other) _____
Address Buckneridge Mo Date signed 4-14-42

1165

MAY 7 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 T. F. McPeak, Registered Apprentice No. _____, working under my personal supervision.

Signed T. F. McPeak
Licensed Embalmer No. ~~1570~~ 1570
P. O. Address Breckinridge 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.