

FILED 8 1942
318

Registration District No. _____

Primary Registration District No. 5439

Registrar's No. 292

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Rural, N. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route No. 5 Springfield, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield Rural, N. Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 5, Springfield,
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Caroline M. Hickman

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F. M. 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Sept. 16th 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Housekeeping

MOTHER FATHER { 12. Name William Hancock
13. Birthplace Unknown Tenn. / Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Fox
(b) Address 1111 N. Robberson.

17. (a) Burial (b) Date thereof 4-17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerton, Ark.

18. (a) Signature of funeral director Bunn Funeral Home

(b) Address 629 West Walnut, Springfield, Mo.

19. (a) 4-10-42 (b) W. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th.
year 1942 hour 5 minute 5:30AM.

21. I hereby certify that I attended the deceased from Apr 1 1942 to Apr 7 1942,
that I last saw her alive on Apr 7 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertension
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 _____
23. Signature Henry F. Knapp (M. D. or _____)
Address Springfield, Mo. Date signed 4/16/42

Statement of [unclear] [unclear]

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 *Lawrence L. Holl*
Licensed Embalmer No. *2784*
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.