

FILED MAY 21 1942

Registration District No. 703

Primary Registration District No. 5-3-57

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution; Rural Route # 3, Kansas City (If not in hospital or institution, write street number or location)

(d) Length of stay: 5 Years (Specify whether in hospital or institution) (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Rural Route ##3, (Near Raytown, Mo) (If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Lucius M. Hickman

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Edith E. Hickman 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased September 13 1863 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 7 17 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired - 20 Years

12. Name Jesse Hickman

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

14. Maiden name Hannah Dilly

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

16. (a) Informant Mrs. F. O. League

(b) Address R.R. 3, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1942 (Month) (Day) (Year)

(c) Place: burial of Greenlawn Cemetery, K.C., Mo.

18. (a) Signature of funeral director W. H. Newsom

(b) Address 1401 Brush Creek Blvd.

19. (a) May 1 '42 (Date received by local registrar) (b) Mrs. J. E. Sarver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1942 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct. 19 1933 to April 30 1942 that I last saw him alive on April 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 8 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations _____ Of autopsy _____

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 W. H. Newsom (M. D. or other) 030

Address 529 Lee Bld'g K.C.Mo Date signed 4/21/42

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

MOTHER FATHER

1159

Dr. Charles J. Fry
530 Lee Bldg
W.C. Martin

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.....

W. Martin Simpson
.....
Licensed Embalmer No. *3965*.....

P. O. Address..... *K.C. 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.