

S. No. 2  
1-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14959

State File No. \_\_\_\_\_

Registration District No. 104

Primary Registration District No. 5758

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Pursula - Equality (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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community  years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo 166

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

(d) Street No. St. Elizabeth R.F.D. 0  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES HANSEY WICKHAM

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug - 29 - 1921  
(Month) (Day) (Year)

8. AGE: Years 20 Months 7 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Elizabeth, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Wickham

13. Birthplace St. Elizabeth, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Clark

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

16. (a) Informant Mrs. Bessie Wickham

(b) Address St. Elizabeth, Mo

17. (a) Burial (b) Date thereof 4-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Elizabeth, Mo

18. (a) Signature of funeral director Ch. Casey

(b) Address St. Elizabeth, Mo

19. (a) April 25 1942 H. P. Wright  
(Date of burial or cremation) (Registrar's signature)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Automobile he was driving on Highway 17 near Jussumbia, turned over & he was burned to death. Two companions escaped. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 170°C - 1  
28

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Accident

(b) Date of occurrence April 23 - 1942

(c) Where did injury occur? Jussumbia Miller Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 17 -  
(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Ch. Casey - Coroner 2  
Address St. Elizabeth, Mo Date signed 4/23/42  
(If other than registrar)

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

6000

RECEIVED  
Miller County Health Dept.  
County File Number 42-38  
Date Filed 6/9/42

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 Cl. Casey  
Licensed Embalmer No. 9694  
P. O. Address Iberia - 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.