S. No. 2
1—4-18-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1942

Ha 7170

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17002

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 1932

48
3
8

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 525 S. Gurney 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 17 yr

2. USUAL RESIDENCE OF DECEASED: 48 3 8
(a) State: Missouri (b) County: _____
(c) City or town: Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 525 So Gurney 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: ALLEN HICKS

3. (b) If veteran, name war: Mo

3. (c) Social Security No.: none.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Catherine Hicks

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

7. Birth date of deceased: March (Month) 17 (Day) 1852 (Year)

8. AGE: Years 90 Months 12 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace: Stanford Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: _____

FATHER
12. Name: Unknown
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Nell Cooper
(b) Address: 5-24 So Gurney K. C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lawson, Mo

18. (a) Signature of funeral director: Jarman-Pickard
(b) Address: Lawson, Mo

19. (a) May 17 1942 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1942 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 10, 1942 to May 16, 1942 that I last saw him alive on May 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis	2 weeks
Due to arteriosclerosis	
Myocardial degeneration	2 weeks
Due to DM	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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) _____
(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: John K. Caldwell (M. D. or other) MD
Address: 636 Argyle Kansas City Mo. Date signed 5/17/42

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(Licensed Embalmer's Statement on Reverse Side)

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 T. Bernard Beeny

Licensed Embalmer No. 4617 68

P. O. Address Excelsior Spy. 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.