

FILED JUN 19 1942

Registration District No. 40

Primary Registration District No. 6102

300
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Puxico, Rural, Duck Creek Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Missouri (b) County Stoddard

(c) City or town Puxico, Mo.
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Rilla Ann Hicks

(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month May day 17
year 1942 hour 6 minute A M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased April 12 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-4 1942 to 5-17 1942
that I last saw her alive on 5-11 and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months _____ Days 5 If less than one day _____ hr. _____ min.

Immediate cause of death Senility (Old Age) Duration _____

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

Due to _____

Due to _____

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

10. Usual occupation Farming

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Dave Sifford

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

14. Maiden name _____

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

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? _____

16. (a) Informant Joe Hicks (b) Address Puxico, Mo.

17. (a) Burial (b) Date thereof May 18 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown cemetery Watkins Funeral Serv Puxico, Mo.

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 5-19-1942 (b) J. H. Steinmeier
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature A. M. Wiley (M. D. or other) A. O.
Address Puxico Missouri Date signed 5-18-42

Dr. Wiley.

RECEIVED
District File
Date Filed
Office No. 2
Number 642-716
JUN 16 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed B. J. Brentlinger
Licensed Embalmer No. 4801
P. O. Address Dexter 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.