

FILED JUL 14 1942 320

Registration District No. 272

Primary Registration District No. 5443

State File No. _____

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Center Hosp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 32 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Bois d'Arc (If outside city or town limit, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? Native years.

3. (a) PRINT FULL NAME CORALIE HICKMAN

3. (b) If veteran, name war NOT

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26 year 1942 hour 2:00 minute 12 M.

4. Sex FEM 5. Color or race WHITE

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

6. (b) Name of husband or wife CHARLES HICKMAN

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 3 (Month) 16 (Day) 1896 (Year)

21. I hereby certify that I attended the deceased from July 1941, to 2-26 1942

that I last saw her alive on 2-12 1942

and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 11 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial failure

Duration
<u>2</u>

9. Birthplace Haurel Co Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

Due to _____

Due to _____

Other conditions Tubal Nephritis Chr. (Include pregnancy within 3 months of death)

MOTHER

12. Name SAMUEL GAINES

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

14. Maiden name Martha E Perrigen

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

Major findings: Of operations None

Of autopsy None 131 R

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

16. (a) Informant Mrs. Flora Mason

(b) Address Bois d'Arc Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Elm Creek Cem.

18. (a) Signature of funeral director Redeemer Holy

(b) Address Bois d'Arc Mo

19. (a) 6/20/1942 (Date received local registrar) (b) Jewell Williams (Registrar's signature)

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 T

23. Signature B.F. Winkle (M. D. MD)

Address Bois d'Arc Mo Date signed 7/26

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.