

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

24423

DEPARTMENT OF COMMERCE
- BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 7 1942
Registration District No. _____

Primary Registration District No. 5529

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County. Howard

(b) City or town. Chanton (Rural)
(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. 74 yrs (Specify whether years, months or days)

In this community. _____

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Howard

(c) City or town. Rural (Chanton)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME KIRK STUCKEY FARICKSON

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife. Mary Garickson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased. April 24 1868
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>74</u>	<u>2</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm L. Garickson

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

14. Maiden name Martha Dickie

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

16. (a) Informant Mrs. Mary Garickson

(b) Address Glasgow, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof. 7-25-42
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Cem.

18. (a) Signature of funeral director. Thomas E. Denny

(b) Address Glasgow, Mo.

19. (a) 7-27-42 (Date received local registrar) (b) Thomas E. Denny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1942 hour 14 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec. 1st 1941 to July 23 1942.

that I last saw him alive on July 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease (insufficiency)

Due to Chc. myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations none

Of autopsy none

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. 0

23. Signature W. P. Bush mo (M. D. or other) md

Address Ree Hospital Fayette, Mo. Date signed _____

Duration 8 mo.

Duration 8 mo.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1224

(Licensed Embalmer's Statement on Reverse Side)

7-25-42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-6-42

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 KPM Crary
Licensed Embalmer No. 3153
P. O. Address Glasgow, 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.