

FILED OCT 6 1942

Registration District No. 295

Primary Registration District No. 6012

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town rural - Chariton Twp
(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 Randolph

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Ernest William Ficklin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased September 1 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James R. Ficklin

13. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Belle McCulley

15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Dickson

(b) Address Huntsville Mo

17. (a) burial (b) Date thereof 9/6/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Hill

18. (a) Signature of funeral director Tom B Patton

(b) Address Huntsville Mo

19. (a) 10/2/42 (b) Mrs. P. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th
year 1942 hour 4:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 4th 1942 to Sept 5 1942
that I last saw him alive on Sept 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lympho Sarcoma of Larynx

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) MD

Address [Signature] Date signed 9/2/42

Duration

Several Months

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-42-1781

Date Filed OCT 2 - 1942

OCT 7 - 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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntwell, Me

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.