

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 13 1942

Registration District No. 99

Primary Registration District No. 5376

Registrar's No. 51

32
0
0

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

1. PLACE OF DEATH: DeKalb
 (a) County: DeKalb
 (b) City or town: Rural, Grand River
 (c) Name of hospital or institution: _____
 (If outside city or town limits, write "RURAL" and name of township)
State Highway #36
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____ (Specify whether)
 In this community: One year
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 32
 (a) State: Missouri (b) County: DeKalb
 (c) City or town: Rural
 (If outside city or town limits, write "RURAL")
State Highway #36
 (d) Street No.: _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.: 0 years.

3. (a) PRINT FULL NAME: Edward James Ricker

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 28
 year 1942 hour 1005 A. Minute _____ M.

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

21. I hereby certify that I attended the deceased from Aug 31st
 _____, 1942 to Sept. 28, 1942
 that I last saw him alive on Sept. 28, 1942
 and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: White
 6. (a) Single, widowed, married, divorced: married
 6. (b) Name of husband or wife: Alice Ricker
 6. (c) Age of husband or wife if alive: 68 years
 7. Birth date of deceased: May 30 1874
 (Month) (Day) (Year)

Immediate cause of death:
Pulmonary Edema
Cerebral Thrombosis
 Due to Chronic Myocarditis
myocardial degeneration
 Due to Advanced Arteriosclerosis
 Other conditions: Cerebral Softening
 (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	hr.	min.
	<u>68</u>	<u>3</u>	<u>28</u>		

Duration
<u>9/27-9/28/42</u>
<u>8/31/42</u>
<u>?</u>
<u>?</u>

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

10. Usual occupation: Battery Station attendant

11. Industry or business: _____

MOTHER FATHER
 12. Name: Wilder Ricker
 13. Birthplace: Ind.
 (City, town, or county) (State or foreign country)
 14. Maiden name: Elizabeth Lansing
 15. Birthplace: ILL.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations: IIIa
 Of autopsy: _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant: Alice Ricker
(b) Address: Cameron, Mo.

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? _____

17. (a) Burial (b) Date thereof: Sept. 30 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Graceland Cem.

While at work? _____ (Specify type of place)
 (c) Means of injury: _____

18. (a) Signature of funeral director: Poland Funeral Home
Cameron
 (b) Address: _____

23. Signature: [Signature] (M. D. or other) DC
 Address: Cameron, Mo. Date signed: 9/29/42

19. (a) 191-42 (b) [Signature]
 (Received local registrar) (Registrar's signature)

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MAR 6 1944

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

Gerald F. Wade

Licensed Embalmer No.

4172

P. O. Address

Cameron, 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.