

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34162**

FILED NOV 6 1942

Registration District No. **176**

Primary Registration District No. **5253**

Registrar's No. **1297**

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 122 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jayaw
(c) City or town Licking
(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 _____

3. (a) PRINT FULL NAME Glenna Fay Hicks

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

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

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

7. Birth date of deceased July 1922
(Month) (Day) (Year)

8. AGE: Years 20 Months 2 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Arch Hicks

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

14. Maiden name unknown unknown

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

16. (a) Informant Mr. Michael Reed Clerk

(b) Address Mo. State Sanatorium Mt. Vernon Mo

17. (a) Removal (b) Date thereof Oct 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Licking

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt Vernon Mo

19. (a) 10/12/42 (b) Ludy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1942 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 12 1942, to Oct 11 1942
that I last saw him alive on Oct 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration Over 2 years

Due to _____

Due to _____

Other conditions (include pregnancy within 5 months of death) _____

Major findings: Of operations _____
Of autopsy 138!

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

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 Ethel E. Coffman (M. D. or other) _____
Address Mo State Sanatorium Date signed 10-11-42

(Licensed Embalmer's Statement on Reverse Side) Mt. Vernon, Mo.

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

535
035

RECEIVED

District Health Officer No. 6,

District File Number 1142-1527

Date Filed NOV 5 1942

NOV 9 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..... Mrs H. D. Fossett
Licensed Embalmer No. 2720
P. O. Address Mt Vernon M

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.