

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34996

HEB NOV 14 1942

Registration District No. 220

Primary Registration District No. 3024

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
In this community 10 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Canalou
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9:30
1942 to 10-5 1942
that I last saw him alive on 10-5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral accident
encephalitis
Duration 2 weeks

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____
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 J. M. Larnson (M. D. or other)
Address Warehouse No Date signed 10-5-42

3. (a) PRINT FULL NAME Billie Dale Hicks

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased: March 31 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 6 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Floyd Hicks

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

14. Maiden name Lelia Poyner

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

16. (a) Informant Floyd Hicks

(b) Address Canalou, Mo.

17. (a) Burial (b) Date thereof 10/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bertrand MO.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston Mo.

19. (a) 10-26-42 (b) Louis Largent
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

100
R 50

13-18

RECEIVED

District Health Office No. 2

District File Number 1142-1450

Date Filed 11-12-42

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.....

not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address H.W. Albritton

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.