

FILED JAN 11 1943

128

Primary Registration District No. 2000

39
22
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**

(a) County **Greene**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1054 E. Walnut**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether)

In this community **12 years** (years, months or days)

3. (a) PRINT FULL NAME **Etta Hickman**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Joseph R. Hickman**

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

7. Birth date of deceased **August 25, 1882**
(Month) (Day) (Year)

8. AGE: Years **60** Months **3** Days **27** If less than one day hr. min.

9. Birthplace **Wahburn, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **In Home**

12. Name **Alexander Denton**

13. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Elien Northcutt**

15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. J. R. Hickman**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Dec. 24, 1942** (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(Specify type of place)

(b) Address **Springfield, Missouri**

19. (a) **12-24-42** (Date received local registrar)

(b) **W. H. Hensley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

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

(d) Street No. **1054 E. Walnut**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **22nd**
year **1942** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov 10** to **Dec 22**, 19**42**
that I last saw her alive on **Dec 19**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cor Myocarditis** Duration **2 yrs**

Due to **Hypertension** Duration **Several years**

Other conditions (Include pregnancy within 3 months of death) **93k**

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? _____

23. Signature **W. H. Hensley** (M. D. or other) **W. H.**

Address **Springfield Mo** Date signed **12/24/42**

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X

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 Lewis G. Schorpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.

X