U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41787

FILED JAN - 7 1943

Registration District No. 316 — Primary Registration District No. 6075 — Registrar's No. 161

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington, RURAL, St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12yrs-2mos. 9das (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 94 0
(c) City or town Unknown 0
(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 0

3. (a) PRINT FULL NAME WILLIAM HICKS

3. (b) If veteran, name war UNKNOWN

3. (c) Social Security No. unknown

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Dead

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 85 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Madison Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Joseph Hicks
13. Birthplace (City, town, or county) N. Carolina 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cemetery, Farmington, Mo.

18. (a) Signature of funeral director Berl J. Miller
(b) Address Farmington, Mo.

19. (a) Dec. 18, 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1942 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from ~~Sept~~ Nov. ~~11th~~ 23, 1942, to Dec 12, 1942, that I last saw him alive on Dec 12, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile Psychosis	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

162a

Major findings:
Of operations
Of autopsy No 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Otto V. Schiedde, MD. (M. D. or other)
Address State Hosp. Farmington — Mo. Date signed 12-13-42

1146

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
strict Health Officer No. 4
strict File Number 143-15-62
ate Filed 1-6-43

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 Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.