

1. No. 2  
1-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 13 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2818  
2818  
State File No. \_\_\_\_\_  
Registrar's No. 13

Registration District No. 207 Primary Registration District No. 4314

1. PLACE OF DEATH:  
(a) County Maries  
(b) City or town Belle  
(c) Name of hospital or institution: /  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED: **63**  
(a) State Missouri (b) County Maries  
(c) City or town Belle  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Hayden Hicks  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 8th  
year 1943 hour 9 minute 30 p.m.

4. Sex Female 5. Color of race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife William Hicks  
6. (c) Age of husband or wife if alive 72 years

21. I hereby certify that I attended the deceased from 12/26/41, 19\_\_\_\_ to 1/8/42, 19\_\_\_\_;  
that I last saw her alive on 1/8/42, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Dec. 20 1872  
(Month) (Day) (Year)  
8. AGE: Years 70 Months \_\_\_\_\_ Days 18 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Carcinoma of Liver **1yr.**  
Duration \_\_\_\_\_

9. Birthplace Vasconade Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation housewife

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name Fielden Smith  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Wm. Hicks  
(b) Address Belle, Mo.  
17. (a) Burial (b) Date thereof 1/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Liberty  
18. (a) Signature of funeral director Sassmann's Funeral  
(b) Address Belle, Mo.  
19. (a) 1-14-43 (b) Erma Bassett  
(Date received local registrar) (Registrar's signature)

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?  
service \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature R. H. Schoulsch (M. D. or other) **3**  
Address Belle, Mo. Date signed 1/11/42

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

MOTHER FATHER

100

1096

---

---

**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.....

*Chester Garrison*

Licensed Embalmer No.....

*4178*

P. O. Address.....

*Bland - 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.**