S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5242

LED MAR 15 1943

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1067

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 918 Locust 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town K.C. (If outside city or town limits, write "RURAL") 3
(d) Street No. 918 Locust (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANDREW M HICKEY
3. (b) If veteran, name war World War
3. (c) Social Security No. unk' none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Div 3
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 23 (Day) 1889 (Year)
8. AGE: Years 54 Months 1 Days 2 If less than one day ..... hr. ..... min.
9. Birthplace Hutchinson (City, town, or county) Kans 1 (State or foreign country)
10. Usual occupation Steam Fitter
11. Industry or business none
FATHER
12. Name Octavius Hickey
13. Birthplace Michigan (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Baker
15. Birthplace Brookfield (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Mrs Anna Chace
(b) Address 2001 E 33
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth Kans
18. (a) Signature of funeral director Sebbeto's
(b) Address K.C. Mo
19. (a) 3-2-43 (Date received local registrar) (b) W. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25 year 43 hour 10:15 minute ..... M.
21. I hereby certify that I attended the deceased from Comm, 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Thrombosis Rupture of this heart

Due to: Hemopericardium

Due to: 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

Duration

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 [signature] (M. D. or other) 3/6/43
Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1943

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 Roy E. Snow

Licensed Embalmer No. 2560

P. O. Address K.C. 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.