DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No. 316

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7489

Primary Registration District No. 6075

Registrar's No. 227

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Francois
(c) City or town: Farmington, Mo. R.R. #3
(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: ANNA MARY RICKUS

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: E. G. Rickus

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: March 11, 1873 (Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace: St. Francois Co., Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business .....

MOTHER FATHER

12. Name: Jerry M. Hopkins

13. Birthplace: Penn. (City, town, or county) (State or foreign country)

14. Maiden name: Anna Wark

15. Birthplace: St. Francois Co., Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: E. G. Rickus
(b) Address: Farmington, Mo. R#3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 3, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: K of P. Cem. Farmington, Mo.

18. (a) Signature of funeral director: Miller Funeral Home
(b) Address: Farmington, Mo.

19. (a) Feb. 3, 1943 (Date received local registrar) (b) Byrdie Buhmester (Registrar's signature)

1196 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..... 19 39 to Jan. 31 1943 that I last saw her alive on Jan. 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis — Duration: 4 yrs.

Due to .....

Due to .....

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

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: Wm. L. Watkins M. D. (or other)
Address: Farmington, Mo. Date signed 2-2-43

RECEIVED

District Health Officer No. 4

District File Number 343-18

Date Filed 3-5-43

ANNA MARY [illegible]

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 Beul 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
10M—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 7489

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 227

1. PLACE OF DEATH:

(a) County St Francois

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Mary Rickan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 11 (Day) 1873 (Year)

8. AGE: Years 69 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h. alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pulmonary Tuberculosis Syst.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Geo. L. Watkins (M. D. or other)

Address Date signed

SUPPLEMENTARY