

S. No. 2
DM-542
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED APR 14 1943

Registration District No. 38

Primary Registration District No. 3006-5-20

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution Co Infirmary 5
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wm F Hickam

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd year 1943 hour 9:30 minute A. M.

3. (b) If veteran, name war x 3. (c) Social Security No. x

21. I hereby certify that I attended the deceased from Feb 1 1943 to March 22 1943 that I last saw him alive on March 10, 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

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

Immediate cause of death Cerebral embolism - metastatic - rt leg -

Due to 3 mo

8. AGE: Years 70 Months x Days x If less than one day hr. min.

Due to 2 mo

Other conditions (Include pregnancy within 3 months of death) none

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

Major findings: Of operations none

10. Usual occupation Retired

Of autopsy none

PHYSICIAN none

Underline the cause to which death should be charged statistically.

11. Industry or business Dont Know

12. Name Dont Know

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

14. Maiden name " "

15. Birthplace (City, town, or county) (State or foreign country) " "

22. If death was due to external causes, fill in the following:

16. (a) Informant Physian - Co Infirmary

(b) Address Columbia

17. (a) Burial (b) Date thereof May 22 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Cen

18. (a) Signature of funeral director R. W. ...

(b) Address Columbia

19. (a) 3-23-1943 (b) E. ...
(Date received local registrar) (Registrar's signature)

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

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 AWT ... (M. Donaher)

Address Columbia Mo Date signed 3-24-43

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

10
2
4

MOTHER FATHER

1250

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.....

Licensed Embalmer No.....

P. O. Address.....

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.