

APR 14 1943
Registration District No. 162

Primary Registration District No. 5239

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Cedar

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

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

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

2. USUAL RESIDENCE OF DECEASED: 20

(a) State Mo. (b) County Cedar

(c) City or town Linn Township-Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXX 1

3. (a) PRINT FULL NAME Charley Gabriel Hickman

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Reba Hickman 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. 29, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 11 28 XX hr. XXX min.

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

10. Usual occupation Farming

11. Industry or business XXXX

MOTHER FATHER { 12. Name William T. Hickman

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

14. Maiden name Ella Smith

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

16. (a) Informant Mrs. Bental Douglas

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof Feb. 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetary

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Missouri

19. (a) 3-29-43 (b) Mrs Ethel Church
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 43 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Feb.
24, 1943, to ", 27, 1943;
that I last saw him alive on Feb. 26, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocardial Endocarditis
Streptococci viridans 9 wks

Due to tooth extraction

Due to

Other conditions (Include pregnancy within 3 months of death) 9/1 a

Major findings: Of operations

Of autopsy

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 Dr. Wm B. Richter (M. D. or other) 1

Address Stockton, Mo. Date signed 3-1-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20 88

1293

RECEIVED
District Health Officer No. 71

District File Number 3-43-2

Date Filed 4-3-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.