

State File No.

Registrar's No. 17

Registration District No. 739

Primary Registration District No. 5530

1. PLACE OF DEATH:

(a) County XOKKK Holt.
(b) City or town Rural. *Bontrons Jump*
(c) Name of hospital or institution: 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..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt.
(c) City or town Rural.
(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 Orrin Austin Wicker.

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

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

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

7. Birth date of deceased Oct. 1st. 1849.
(Month) (Day) (Year)

8. AGE: Years 93 Months 5 Days 4 If less than one day hr. min.

9. Birthplace N.C. /
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter.

11. Industry or business

12. Name Elijah Wicker.

13. Birthplace Salem. N.C. /
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Bermillia.

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

16. (a) Informant Mrs Anna Brown

(b) Address Mound City. Mo.

17. (a) Burial (b) Date thereof Mar. 7. 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mound City,

18. (a) Signature of funeral director W.H. Crawford,

(b) Address Mound City. Mo.

19. (a) 3-6-43 (b) Pauline Lawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th.
year 1943 hour 2 00 minute 30. AM.

21. I hereby certify that I attended the deceased from 1943 to Mar 4, 1943
that I last saw him alive on Mar 4. 1943, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Prostration from
Cerebral Hemorrhage

Due to.....
Due to.....

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

Major findings:
Of operations 830
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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Gas Cheney D (M. D. or other)
Address Mound City Date signed 3/7/43

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

44
00

1185

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 W. H. Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City, 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.