. S. No. 2
OM—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11224

Registration District No. 299. Primary Registration District No. 6027 Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Reynolds [illegible]
(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 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 90

(a) State Missouri (b) County Reynolds 0

(c) City or town Reynolds 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Richard Jefferson Hicks

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased December (Month) 15 (Day) 1865 (Year)

8. AGE: Years 77 Months 3 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Crawford Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business .....

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thomas Hicks
(b) Address Reynolds Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Corridon Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address R. J. White Ironton Mo.

19. (a) Mar 26 43 (Date received local registrar) (b) Mrs Percy Wellington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1943 hour 5 minute 45 P M.

21. I hereby certify that I attended the deceased from March 4-43 to March 4, 1943, to ....., 19....; that I last saw him alive on March 4, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Interstitial Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 131a	
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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J R Pyatt MD (M. D. or other)

Address Centerville Mo. Date signed .....

1144 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 443186
Date Filed APR 21 1943 - 2 - 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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.