

7. S. No. 2
OM-5-42
BY 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13721
Registrar's No. 413

FILED MAY 1943

42

1005

Registration District No. 42

Primary Registration District No. 1005

Registrar's No. 413

1. PLACE OF DEATH:

(a) County. Buchanan

(b) City or town. St. Joseph

(c) Name of hospital or institution: St. Joseph Hospital

(d) Length of stay: In hospital or institution. 6 days

In this community. Life

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Buchanan

(c) City or town. St. Joseph "Rural"

(d) Street No. R.F.D. #4

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Lillian P. Hicks

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased. July 4 1885

8. AGE:	Years	Months	Days	If less than one day
	57	9	7	hr. min.

9. Birthplace. St. Joseph Missouri

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Rudolph Imboden

13. Birthplace. Elizabeth Ray Switz. 5

14. Maiden name. Elizabeth Ray Switz. 5

15. Birthplace. Cincinnati Ohio

16. (a) Informant. Vernon Hicks

(b) Address. St. Joseph, Missouri

17. (a) Burial (b) Date thereof. April 14, 1943

(c) Place: burial or cremation. Mt. Auburn Cemetery

18. (a) Signature of funeral director. Herman S. Siderfaber

(b) Address. 1802 Union, St. Joseph, Mo

19. (a) 4-14-43 (b) Rose Stegoy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 26 1943 to April 11 1943 that I last saw her alive on April 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. The doctor

Due to

Due to

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

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? (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. Date signed 4-12-43

Duration Physician Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1283

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.....

John L. Shirley

Licensed Embalmer No. *40570*

P. O. Address *St. Joseph*

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.