

LED JUN 7 1943 49  
 Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
131 North Lawn Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether  
 In this community 49 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 131 North Lawn Avenue 8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Garland Hickman  
 (b) If veteran, name war Spanish American  
 (c) Social Security No. 496-16-0919

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 20th  
 year 1943 hour 7 minute 55 A. M.  
 21. I hereby certify that I attended the deceased from 4-15  
1943, to 5-20, 1943  
 that I last saw alive on May 20th, 1943  
 and that death occurred on the date and hour stated above.

4. Sex Male 0  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Mrs. Margaret Hickman  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 11 1867  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis  
 Duration 3 days

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>9</u>	_____ hr. _____ min.

Due to Angina Pectoris 94a 12 yrs  
 Due to Essential Hypertension

9. Birthplace Pleasant Hill Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Hardware Department - Retired

Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business Montgomery Ward  
 12. Name James R. Hickman  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ann Judson Adams  
 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Colin Hickman  
 (b) Address 3216 Garner  
 17. (a) Burial at Mt. St. Mary's Cemetery  
(Burial, cremation, or removal) (b) Date thereof May 22nd, 1943  
(Month) (Day) (Year)  
 (c) Place: burial of cremation \_\_\_\_\_  
 18. (a) Signature of funeral director D. H. Newcomer's Sons  
 (b) Address 1401 Brush Creek Blvd.  
 19. (a) 5-22-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature M. M. Crowe (M. D. or other) DD  
 Address 13504 Road Date signed 5-21-43

361

3504 Street

**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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address P.O. No.

**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.**