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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18464

State File No.

Registrar's No.

FILED MAY 25 1943
Registration District No. 227

Primary Registration District No. 5804

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - JACKSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 MI E OF PARIS 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 60 YRS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE ⁶⁹
(c) City or town 6 MI E OF PARIS 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)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW M. RICKS

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 MARRIED
6. (b) Name of husband or wife ALLIE B. RICKS 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased OCT. 14, 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace LINCOLN CO MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name STEPHEN H. RICKS

13. Birthplace MO 0
(City, town, or county) (State or foreign country)

14. Maiden name HARRIET RICKS

15. Birthplace MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant M. T. Ricks
(b) Address PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 8, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT HILL

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.

19. (a) MAY 6, 1943 (Date received local registrar) (b) Kathryn Deaque (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6
year 1943 hour 1943 minute 13:10 A.M.

21. I hereby certify that I attended the deceased from March 27,
1943 to May 6, 1943.
that I last saw him alive on May 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 58 days

Due to Senility

Due to _____

Other conditions (include pregnancy within 3 months of death) BZ

Major findings: Of operations _____

Of autopsy None

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 F. A. Darnell (M. D. or other) M.D.

Address PARIS, MO. Date signed 5-6-43

RECEIVED

District Health Officer No. 10

District File Number 5-43-912

Date Filed MAY 21 1943

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 Al Blakely.....

Licensed Embalmer No. 2616

P. O. Address PARIS, 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.