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5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20932

FILED JUN 17 1943

Registration District No. 13 | Primary Registration District No. 5-149 | Registrar's No. 12

1. PLACE OF DEATH

(a) County Caldwell

(b) City or town Rural - Gomes Tp
(If outside city or town limits, write "RURAL" and name of township)

(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 16 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Caldwell

(c) City or town Rural 13
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Ann Hicks

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced 1 m

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

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct (Month) 23 (Day) 1903 (Year)

8. AGE: Years 39 | Months 5 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Boone Co (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business House wife

FATHER
12. Name Phillip Davis
13. Birthplace Schuyler Co (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Ada Pugh
15. Birthplace Boone Co (City, town, or county) MO (State or foreign country)

16. (a) Informant Russell Hicks
(b) Address Nettleton Mo

17. (a) Breckenridge (Burial, cremation, or removal) (b) Date thereof Apr (Month) 22 (Day) 1943 (Year)
(c) ~~Place~~: burial or ~~cremation~~ T M McPeek

18. (a) Signature of funeral director Breckenridge Mo
(b) Address

19. (a) April 23 43 (Date received local registrar) (b) Flora B. Baeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1943 hour 1 minute ✓ M.

21. I hereby certify that I attended the deceased from May 15th, 1942, to April 22, 1943; that I last saw her alive on April 21st, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Meleno-Sarcoma Desseminated	4 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 Herbert R. Booth (M. D. or other) MD
Address Hamilton Mo Date signed 5/1/43

1165

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1953

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 T. F. McBeth

Licensed Embalmer No. 1570

P. O. Address Breckenridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If body is not embalmed, fact should be so stated above.

. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 45 Primary Registration District No. 5149 Registrar's No.

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Ann Hicks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 23 (Day) 1403 (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Melano Sarcoma Denominated Right calf

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 55e

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert R. Bosch (M. D. or other) MD

Address Hamilton Mo Date signed 6/26/43

SUPPLEMENTARY

20932