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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 1 1943

Registration District No. 2746

Primary Registration District No. ~~3026~~ 5568

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Jackson Blue Twp.  
 (b) City or town Independence  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1425 So. Willow  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 32 years (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Independence Blue Twp.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1425 So. Willow  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country no

3. (a) PRINT FULL NAME SAMUEL EARL STICKNEY

3. (b) If veteran, name was World War #1 3. (c) Social Security No. 496-09-3297

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Alice May Stickney 6. (c) Age of husband or wife if alive 42 years  
 7. Birth date of deceased July 8 1892  
 (Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

11. Industry or business House Carpenter

12. Name David Stickney

13. Birthplace Kangas, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Lillian Baker

15. Birthplace Lansing, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Alice M. Stickney  
(b) Address Independence, Mo.

17. (a) Burial, cremation, or removal Burial (b) Date thereof July 17, 1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Walden Cem.

18. (a) Signature of funeral director George C. Carson  
(b) Address Independence, Mo.

19. (a) 6-15-1943 (Date received local registrar) James R. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 8:54 minute P. M.

21. I hereby certify that I attended the deceased from 1938, 19   to June 16, 1943 that I last saw him alive on June 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Pneumonia T.B. Laryngeal T.B. Duration 5 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 12/1

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? \_\_\_\_\_ (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 George Detack (M. D. or other) \_\_\_\_\_  
Address 11037 Winber Rd. Indep. Mo. Date signed 6-16-43

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

MOTHER FATHER

JUL 20 1943

JUL 1 1943

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**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed

*Dean Beech*

..... Licensed Embalmer No. *2467* .....

..... P. O. Address *Salina, 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.**