

S. No. 2
-1-4-41
3-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27798

State File No.

Registrar's No. 263

FILED SEP 14 1943
Registration District No. 45142

Primary Registration District No. 45142

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Butler

(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 3 yrs (Specify whether years, months or days)

In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Butler

(d) Street No. R.F.D. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George Washington Hicks

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22 year 1943 hour 9:00 minute A.M.

4. Sex M 5. Color or Race W

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

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 4, 1884

21. I hereby certify that I attended the deceased from Aug 17, 1942 to Aug 22, 1942; that I last saw him alive on Aug 17, 1942; and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 1 Days 18 If less than one day hr. min.

Immediate cause of death Pulmonary embolism
History of about 1 yr

Due to _____

Due to _____

9. Birthplace Jackson Co. Tenn.

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) 13 fl

MOTHER FATHER

11. Industry or business _____

12. Name John Hicks

13. Birthplace Overton Co. Tenn.

14. Maiden name Nancy Gilbreth

15. Birthplace Overton Co. Tenn.

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jack Hicks

(b) Address Star Pt. Nellyville, Mo.

17. (a) Burial (b) Date thereof 8-22-43

(c) Place: burial or cremation Clarkton Mo.

18. (a) Signature of funeral director Black's Mortuary

(b) Address Corning Ark.

19. (a) 8-24-43 (b) Bell

(Date received local registrar) (Registrar's signature)

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 J. Reed (M. D. or other) _____

Address Colman Bluff Mo. Date signed 8/24/43

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

200

RECEIVED

District Health Office No. 2,

District File Number 948-1179

Date Filed 9-13-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.