

ED SEP 13 1943

Registration District No. 256

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 months (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2617 Bird
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jeanette Ruth Hicks

3. (b) If veteran, name war ***

3. (c) Social Security No. ***

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased January 3, 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>7</u>	<u>14</u>		hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Paul Hicks

13. Birthplace Ochleta Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Glory E. Smith

15. Birthplace Jebb City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Hicks

(b) Address 2617 Bird, Joplin, Mo.

17. (a) Burial (b) Date thereof 8/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OZARK MEM. PK Hurlbut Und. Co.

18. (a) Signature of funeral director _____

(b) Address Joplin, Mo.

19. (a) 8-20-43 (b) Guttenberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1943 hour 1 minute a.m.

21. I hereby certify that I attended the deceased from 8:16
1943, to 8:15, 1943;
that I last saw him alive on 8-17-43, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
acute myocardial infarction

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 119a

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)

23. Signature [Signature] (M. D. or other) _____
Address Joplin Mo Date signed 8/20/43

Duration 7h

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Mr. Howard

19
52

1204

43-8742

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.....

Licensed Embalmer No.....

P.O. Address.....

Percy K. Hurlburt

959

Joplin, 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.