

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 322

Registration District No. 316

Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 42
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days.
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

(d) Street No. Route #1
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGIA ANNE HICKMAN

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife W. R. Hickman

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

7. Birth date of deceased. About 1875
(Month) (Day) (Year)

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

About 68 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Smith

13. Birthplace Chester, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Mattingly

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 8-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Cem., Arcadia, Mo.

18. (a) Signature of funeral director Norman White Undertaker

(b) Address Ironton, Missouri

19. (a) Aug 31 1943 (b) Sydie Bukhmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1943 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from August 23, 1943, 1943, to August 26, 1943, 1943;
that I last saw her alive on August 26, 1943, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to Acute Pyelitis

Due to _____

Other conditions Senile Deterioration
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 133a

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? _____

23. Signature M. J. Taylor (M. D. or other) MD
Address 408 2nd Street Date signed 8-29-43

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

74
0
0

1196

(Licensed Embalmer's Statement on Reverse Side)

Farmington, Mo.

SEP 8 1943

RECEIVED

District Health Officer No. 4
District File Number 943-2651
Date Filed 9-7-43

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..... *Lyle A. White*

Licensed Embalmer No. 4295

P. O. Address Denton 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.