

FILED OCT 13 1943
Registration District No. **49**

Primary Registration District No. **1002**

Registrar's No. **4128**

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

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

(c) Name of hospital or institution:
1422 Bellefontaine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **59 Years** (Specify whether years, months or days)

In this community **59 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **1422 Bellefontaine**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **MRS. FLORA M. HICKMAN**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **John M. Hickman**

6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **Dec. 12, 1881**
(Month) (Day) (Year)

8. AGE: Years **61** Months **9** Days **16**
If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Wm. R. Mc Guire**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma R. Rexer**

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

16. (a) Informant **Mrs. Fahey Findley**

(b) Address **1422 Bellefontaine**

17. (a) **Burial** (b) Date thereof **9-30-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **9-29-43** (b) **J. E. Brown, Reg**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **28** year **1943** hour **4** minute **05 A. M.**

21. I hereby certify that I attended the deceased from **Aug 9**, 19**43** to **Sept 28**, 19**43** that I last saw her alive on **Sept 27**, 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Stomach**

Due to **4 1/2**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration **8 month**

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?

While at work (Specify type of place) (a) Means of injury

23. Signature **Dr. R. P. Andrews** (M. D. or other)

Address **Independence, Mo** Date signed **9/28/43**

The Ruth Anderson
809 W. Huntington
Shelby, Mo.

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 Walter H. Erwin
Licensed Embalmer No. 4352
P. O. Address Kansas City, 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.