

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31401**

Registration District No. **59**
1945

Primary Registration District No. **5221**

Registrar's No. **170**

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural Dayton

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 1/2 years (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 9 miles E. of Archie Mo
(If rural, give location) Dayton Twp

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

3. (a) PRINT FULL NAME Charlie Emerie Ficklin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16th
year 1943 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from May 25
1943 to Sept. 16, 1943
that I last saw him alive on Sept. 7, 1943
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Delila Ficklin 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 3 1882
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to Coronary sclerosis

Due to _____

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

61 6 13 hr. _____ min.

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

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Ficklin

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

{ 14. Maiden name Elizabeth Miller

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

16. (a) Informant Mrs. Delila Ficklin

(b) Address Saraland City Mo

17. (a) Burial (b) Date thereof 9-18-43
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Alphonse B...

(b) Address Archie Mo

19. (a) Sept. 17, 1943 (b) Margaret Valle
(Date received from 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. E. Robinson (M. D. or other) _____
Address Archie, Mo. Date signed 9-25-43

AUG 27 1945

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, Personally
....., Registered Apprentice No.
working under my personal supervision.

Signed Floyd Atkinson
Licensed Embalmer No. 3920
P. O. Address Harrisonville 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.