S. No. 2
M—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 19[illegible]

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 31705

Registrar's No. 766

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution Burge Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039

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

(d) Street No. 1207 N. Jefferson
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Wicker

3. (b) If veteran, name war No

3. (c) Social Security No. 429-10-7938

4. Sex Mad 0

5. Color or race White

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

6. (b) Name of husband or wife Emma Q Wicker

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

7. Birth date of deceased Nov (Month) 11th (Day) 1888 (Year)

8. AGE: Years 54 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Phillip County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Furniture

FATHER
12. Name Julius Wicker
13. Birthplace Unk. (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Unk. Watson
15. Birthplace Unk. (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Mrs. Emma Wicker
(b) Address Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Little Rock, Ark.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 9-15-43 (Date received local registrar) (b) Dr W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1943 hour 5:00 minute p. M.

21. I hereby certify that I attended the deceased from Aug 19, 1943 to Sept 14, 1943;
that I last saw him alive on Sept 14, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of mediastinum with metastases to lung
Due to & vertebra with sensory & motor paralysis below 10th thoracic
Due to

Other conditions
(Include pregnancy within 3 months of death)
Partial Respiratory motor paralysis

Major findings:
Of operations
Of autopsy Same as above

Duration ?

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

23. Signature [illegible] (M. D. or other)
Address Med Arts Spfld, Mo. Date signed 9/14/43

984 (Licensed Embalmer's Statement on Reverse Side)

JUL 31 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, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed L Doolw Forman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.