

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4233

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2958 Victor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution over 20 years (Specify whether years, months or days)

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. 2958 Victor (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Reese V. Hicks
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 2nd year 1943 hour 10:00 PM A. M.

4. Sex male
5. Color or race Cauc
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Josephine C. Hicks
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 30 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/11 to 10/11 1943 that I last saw him alive on 10/11 and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of prostate
Duration 3 years

8. AGE: Years 71 Months 2 Days 27 If less than one day hr. _____ min. _____
9. Birthplace Tennessee (City, town, or county) (State or foreign country)

Due to _____
Due to 515
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Secretary
11. Industry or business retired
12. Name Charles Wesley Hicks
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Lussey H. Colthrop
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Josephine C. Hicks
(b) Address 2958 Victor Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Bellham Plaza, KC Mo
19. (a) 10-5-43 (Date received local registrar) (b) W. E. Brown (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 William M. Keith (M. D. or other) MD
Address 614 Jefferson St Date signed 10/14/43

Dr. Rouch N.M.D.A.
Prapp. Body - 609
any times

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.