

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED OGT 20 1943 99

Registration District No.

Primary Registration District No. 4168

Registrar's No. 146

1. PLACE OF DEATH:

(a) County DE KALB
(b) City or town MAYSVILLE MO
(If outside city or town limits, write "RURAL" and name of township)
(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 604 RS. (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DE KALB
(c) City or town MAYSVILLE
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY LENORA FICKLIN

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. FEMALE 5. Color or race W

6. (a) Single, widowed, ~~married~~, divorced W

6. (b) Name of husband or wife CHARS. L. FICKLIN

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

7. Birth date of deceased SEPT 29 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 17
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 14 1943, to Sept 17 1943
that I last saw her..... alive on June 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration.....

8. AGE: Years Months Days If less than one day
67 11 18 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business.....

12. Name GEO. W. CRENSHAW

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

14. Maiden name MARTHA LITTLE PAGE

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

16. (a) Informant Katharine Ruth Fischer
(b) Address Maysville Mo

17. (a) Burial (Burial, cremation, removal) (b) Date thereof 9-19-43
(Month) (Day) (Year)

(c) Place: Maysville Cemetery

18. (a) Signature of informant Katharine Ruth Fischer
(b) Address Maysville Mo
19. (a) 9-19-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

Due to.....
Due to.....

Other conditions arterio Sclerosis 15 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
Of autopsy.....
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 [Signature] (M.D. or other) 80
Address Maysville Mo Date signed 9/18/43

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

20

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. P. Pechin

Licensed Embalmer No. *3960*

P. O. Address *Marshall 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.