

FILED DEC 10 1943

Primary Registration District No. 3006

Registrar's No. 278

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
618 Webster St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 67 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 618 Webster St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHRISTOPHER HICKS

3. (b) If veteran, name was Spanish American 3. (c) Social Security No. _____

4. Sex Male 5. Color or race negro
6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased 3-17-1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 19
If less than one day _____ hr. _____ min.

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

10. Usual occupation Porter

11. Industry or business Christian College

12. Name John Hicks

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

14. Maiden name unknown

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

16. (a) Informant Hazel Matthews

(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 11-9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia Missouri

19. (a) 11-17-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 th
year 1943 hour 5:30 minute _____ M.

21. I hereby certify that I attended the deceased from Nov 7
1943 Nov 6 1943
that I last saw him live on Nov 6
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
and
kidney trouble

Due to arterio-sclerosis

Due to _____

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature Stuart P. Parker (M.D. or other) _____

Address Columbia MO Date signed _____

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

MOTHER FATHER

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

Licensed Embalmer No.

P. O. Address.

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.

Registration District No. 38 Primary Registration District No. 2006

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbi
(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. (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Christopher Hicks
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race c 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased: March 17
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days _____ (If less than one day, min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March Year 1943 Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: bronchial pneumonia with lung infection
Duration _____

Due to: kidney trouble
Due to: dental infection
Other conditions: arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: 107
Of operations _____
Of autopsy _____

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) (c) Means of injury _____

23. Signature: Stephen D. Smith (M. D. or other) _____
Address: Columbi Date signed _____

SUPPLEMENTARY

MOTHER FATHER

FEB 2 8 1944

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