

FILED JAN 10 1944

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 309

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1701 S. Orchard
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Adair
 (c) City or town Kirksville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1701 S. Orchard
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 20
 year 1943 hour 8 minute 45 M.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ESSIE ANN HICKS 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased Dec. 11 1866
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from about June 1943 to Nov 20 1943
 that I last saw him alive on Nov 13 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 11 9 _____ hr. _____ min.

Immediate cause of death Myocardial Infarction
 Due to old age

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

Due to old age
 Other conditions 92 lb
 (Include pregnancy within 3 months of death)

10. Usual occupation Mill Hand

Major findings:
 Of operations _____
 Of autopsy etc

11. Industry or business _____

12. Name Lee Hicks
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country) Don't Know

14. Maiden name BETIE HAMILTON
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country) Don't Know

16. (a) Informant Mrs Essie Hicks
 (b) Address 1701 S. Orchard - Kirksville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-1943
 (Month) (Day) (Year)

(c) Place: burial or cremation Hurndland

18. (a) Signature of funeral director E. C. Zupper
 (b) Address Clarence

19. (a) 12/8/43 (Date received local registrar) (b) Dr. J. P. Wagoner (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 J. J. Cameron (M. D. or other)
 Address Richwell Date signed 12/8/43

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

1
 3
 3

RECEIVED

District Health Officer No. 10

District File Number 1-44-3

Date Filed JAN 7 1944

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..... *Louis C. Hopper*

Licensed Embalmer No. 4267

P. O. Address Clarence, 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.