

Registration District No. 134 Primary Registration District No. 5493 Registrar's No.

1. PLACE OF DEATH:  
(a) County Harrison  
(b) City or town Rural Fox Creek Twp  
(c) Name of hospital or institution:  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Harrison  
(c) City or town Fox Creek Twp (Rural)  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Joanna Louise Hlika  
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 11 12 1943 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 4 hr. min.

9. Birthplace Fox Creek Twp Missouri (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business Stone

12. Name ERNEST HLIKA

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

14. Maiden name ROOMA KING

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

16. (a) Informant Ernest King (b) Address

17. (a) Burial (b) Date thereof 11-12-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director J. M. Chamberlain (b) Address Mt. Nebo, Mo.

19. (a) 11-15-43 (b) S. P. Shaw (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 43 hour minute M.  
21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to 161a  
Due to  
Other conditions: Atelectasis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
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) (e) Means of injury  
23. Signature B. M. Rapert (M. D. or other) DO  
Address Bethany, Mo. Date signed Nov 15, 43

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

MOTHER FATHER

1123

**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.**