

FILED JAN 12 1944  
Registration District No. 206

Primary Registration District No. 576-1

Registrar's No. 76

1. PLACE OF DEATH:  
 (a) County Madison  
 (b) City or town Rural of Michael T.  
(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 about 17 years  
years, months or days

3. (a) PRINT FULL NAME David Perry Sikes  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  
 5. Color or race W  
 6. (a) Single, widowed, married. 2 divorced, widowed  
 6. (b) Name of husband or wife Nancy Jane Sikes  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 10 1857  
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 8  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business Sales

12. Name William Sikes

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

14. Maiden name unknown

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

16. (a) Informant Mrs. A. H. Charleville

(b) Address Ste Genevieve, Mo.

17. (a) burial (b) Date thereof Dec 20 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Cemetery

18. (a) Signature of funeral director Ed Nuss

(b) Address Fredericktown Mo.

19. (a) Dec 20 1943 (b) S. C. Slaughter  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Madison  
 (c) City or town Fredericktown (Rural)  
(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 Dec day 18  
 year 1943 hour 1 minute 15 A. M.  
 21. I hereby certify that I attended the deceased from Nov. 1st  
1943, to Dec 18, 1943;  
 that I last saw him alive on Dec. 17, 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Pneumonia  
Alcoholic cirrhosis of liver  
 Duration 29 hr.  
Unknown

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Keith L. Hull (M.D. or other) D.O.

Address Fredericktown, Mo. Date signed 12-20-43

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

MOTHER FATHER

781

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 18 1944

District Health Officer No. 4  
District File Number 144-3254  
Date Filed 1-11-44

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 John Helt

Licensed Embalmer No. 4264

P. O. Address Frederickton MD

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.