

FILED MAR 28 1944

Registration District No. 27000

Primary Registration District No. 4147

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Bruneton Kelley
(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 live _____ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Bruneton
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rollie Hickerson

(b) If veteran, name war _____ (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 10
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan - 28, 1944, to Feb 10, 1944
that I last saw him alive on Feb - 9, 1944
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Jan. 27 - 1866
(Month) (Day) (Year)

Immediate cause of death Central hemorrhage

Due to (?)

Due to _____

Other conditions gout
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration about 48 hours

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

8. AGE: Years 79 Months 14 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Leavel Jay Hickerson

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

14. Maiden name Helesa Stormaker

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

16. (a) Informant Stella K. Goldsmith

(b) Address Coffeyville, Kansas

17. (a) Burial (b) Date thereof 3 12 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bruneton

18. (a) Signature of funeral director T. O. Parker

(b) Address Bruneton Mo

19. (a) Feb 12, 1944 (b) W. W. Roblew
(Date received local registrar) (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 R. Steacy (M. D. or other) _____
Address Bruneton Mo Date signed 2/11/44

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

27
0
0

1097

RECEIVED

District Health Officer No. 2,

District File Number

File Number 3-124

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.....

Ray Self

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

S. G. Parker

Licensed Embalmer No..... 25-47

P. O. Address..... *Bunetan 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.