

Registration District No. **2006**

Primary Registration District No. **5749**

Registrar's No. **14**

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

1. PLACE OF DEATH:  
 (a) County **Madison Co. Mo.**  
 (b) City or town **Rural Park Township**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **Life** \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Madison**  
 (c) City or town **Rural (Park Township)**  
(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 **ALBERT-DALE-SIKES**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Feb** day **29**  
 year **1944** hour **9** minute **30 P.M.**

4. Sex **Male** 5. Color or race **W**  
 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 **Feb-16-1944**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2-14** 19**44** to **2-29** 19**44**  
 that I last saw him alive on **2-16** 19**44**  
 and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Whooping Cough**  
 Duration **10 days**

9. Birthplace **Madison Co. Mo**  
(City, town, or county) (State or foreign country)

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

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 12. Name **Ira Sikes**  
 13. Birthplace **Madison Co Mo**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Ruth Thomas**  
 15. Birthplace **Madison Co Mo**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Ira W. Sikes**  
 (b) Address **Fredericktown Mo**  
 17. (a) **Burial** (b) Date thereof **Mar 1-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Oak Grove Cemetery**  
 18. (a) Signature of funeral director **Ed. McDebb**  
 (b) Address **Fredericktown Mo**

23. Signature **Th. Harry Brown** (M. D. or other) \_\_\_\_\_  
 Address **Fredericktown Mo** Date signed **2/29/44**

19. (a) **March 1 1944** (b) **S. J. Shaughter**  
(Date received local registrar) (Registrar's Signature)  
 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4  
District File Number 444-36  
Date Filed 4-6-44

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.

*Not Embalmed*

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.