

FILED MAY 18 1944

Registration District No. _____

Primary Registration District No. 5508

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town DEEWATERY
(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 20 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY

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

(d) Street No. Rural 5th SW
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Wm J Hicks

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8
year 1944 hour 11:00 minute _____ P. M.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Margaret Ellen

6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased 9 15 - 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mary June 1944 to 4-8 1944
that I last saw him alive on May 16 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 6 Days 23
If less than one day hr. _____ min. _____

Immediate cause of death Dist. known

Due to Microb Disease

9. Birthplace Bell City Ind!
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Labon

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

11. Industry or business ✓

12. Name Wm Hicks

13. Birthplace Bell City Ind!
(City, town, or county) (State or foreign country)

14. Maiden name Lucenia Terry

15. Birthplace Ind!
(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? _____

16. (a) Informant Mrs J Pearson

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 4 8 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Ed. C. Peeler (M. D. or other) MD
Address Clinton Mo Date signed 4-10-44

18. (a) Signature of funeral director [Signature]

(b) Address Clinton Mo

19. (a) April 10, 1944 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

Address _____ Date signed _____

1067

RECEIVED

District Health Officer No. 71

District File Number 4-44-628

Date Filed 5-8-44

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.