

8-43
7-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20668

FILED JUL 15 1944
149

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2812

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mo. 1 day
(Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
2814 Prospect 8
(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 JUDGE WILLIAM HICKS

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Ma 0 5. Color or race Wh 6. (a) Single, widowed, married, divorced Sgl 0

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased September 23 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Lees Summit Missouri
(City, town, or county) (State or foreign county)

10. Usual occupation Retired County Clerk
Jackson County

11. Industry or business _____

12. Name Davidson B. Hicks

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign county)

14. Maiden name Martina Dayton

15. Birthplace Logansport Ind. 1
(City, town, or county) (State or foreign county)

16. (a) Informant Mrs. Helen Friel
(b) Address 2814 Prospect
Burial (c) Date thereof 7-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (e) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.
19. (a) 7-6-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
1944 year hour 2: minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept. 9
1942 to July 5, 1944
that I last saw him alive on July 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Hypertension

Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

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 George C. Lee (M. D.)
Address 1630 Prof Bldg Date signed 7/10/44

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

MOTHER FATHER

V-1-1643

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 *Alvin R. Hannschild*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City, 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.