V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1944

Registration District No. 156

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 21785

Registrar's No. 287

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Derfelt Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community 76 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City (If outside city or town limits, write "RURAL") 6

(d) Street No. 1102 W. Daugherty (If rural, give location) 2

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

If yes, name country 1

3. (a) PRINT FULL NAME John D. Rickman

3. (b) If veteran, name war no data

3. (c) Social Security No.

4. Sex 0 Male

5. Color or race W.

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Maggie Rickman

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

7. Birth date of deceased May 10, (Month) 1879 (Day) 1865 (Year)

8. AGE: Years 79 Months - Days 23 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Rickman
13. Birthplace no data (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Amanda Owen
15. Birthplace no data (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Widow Maggie Rickman

(b) Address Webb City, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/5/44 (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) 6-5-44 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

10.04

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1944 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from June 3, 1944 to 6-3, 1944 that I last saw him alive on 6-3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Cerebral Hemorrhage

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

83a

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr E O Martin (M. D. or other) DO

Address 2114 So Joplin Date signed 6-5-44

(Licensed Embalmer's Statement on Reverse Side)

44-6-490

Martin

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 ..... A. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb 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.