

Registration District No. 15

Primary Registration District No. 3004

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 43 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton 6
(c) City or town Lamar (If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Stella Minerva Hickman

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month July day 7th
year 1944 hour 11 minute 45 A. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jay Hickman 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 25th, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10 1944 to July 7 1944
that I last saw h. or alive on July 7 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 1 Days 12 If less than one day
hr. _____ min. _____

Immediate cause of death Coronary disease
Due to _____
Due to _____

9. Birthplace Clay Co., MO. (City, town, or county) (State or foreign country) 0

Other conditions (Include pregnancy within 3 months of death) 94a
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____
12. Name At McClure
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Rhena Carver
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

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 0

16. (a) Informant Jay Hickman
(b) Address Lamar, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-44 (Month) (Day) (Year)

(c) Place: burial or cremation Life Sematery River Funeral Home
18. (a) Signature of funeral director Lamar, MO.
(b) Address _____

19. (a) 7/7/44 (Date received local registrar) (b) Martha River (Registrar's signature)

23. Signature D. Gredner (M. D. or other) _____
Address 1905 Grey - Lamar Date signed 7-7-44

Duration 2 months
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

16
1
1

RECEIVED

District Health Officer No. 81

District File Number 844-882

Date Filed 8-4-44

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 Raymond Dever
Licensed Embalmer No. 3141

P. O. Address Lamar, 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.