

FILED SEP 14 1944

State File No. _____

Registration District No. 137

Primary Registration District No. 5586

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #4, Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural - Marion Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route #4, Carthage, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUISA JANE HICKS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Hicks 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 17, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 30 _____ hr. _____ min.

9. Birthplace Bloomington, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Rhiel
13. Birthplace X Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Bell Davison
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant H. S. Hicks
(b) Address Carthage, Missouri

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

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) Aug. 17, 1944 (b) Elizabeth Complin
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16,
year 1944 hour 2:45 minute 14 A.M.

21. I hereby certify that I attended the deceased from Jan
1943 to July 17, 1944
that I last saw her or alive on July 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration Many Years

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Homer E. Burd (M.-D.)
Address Carthage, Mo. Date signed 8-17-44

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

44-9-703

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..... *Ed [unclear]*

Licensed Embalmer No..... *2222*

P. O. Address..... *Carthage*

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.