

FILED OCT 20 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 239

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia MO
(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 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. #3 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alex L. Hicks

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

4. Sex M-2 5. Color or race Colored 6. (a) Single widowed, married, divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 10 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace Howard Co MO D
(City, town, or county) (State or foreign country)

10. Usual occupation Business man

11. Industry or business Cemetery & Hocking

12. Name Do not know

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name _____ 9
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Vivian Gardner

(b) Address Cleveland Ohio

17. (a) _____ (b) Date thereof 9. 25. 44
(Burial, _____) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director A. La Lanza

(b) Address 608 Park Ave Columbia MO

19. (a) 9-23-44 (b) E. Lora H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22
year 1944 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 24-44
to 21st 1944
that I last saw him alive on _____ 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____
General Arterio-sclerosis
High Blood Pressure
Due to Atherosclerosis

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 93%

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) no
(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) _____ (e) Means of injury _____
While at work _____
23. Signature Stephen D. Runtz (M. D. or other) _____
Address Columbia Date signed 9/23

1250

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-18-44

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 M.D.
....., Registered Apprentice No.....
working under my personal supervision.

Signed

A. C. Freeman

Licensed Embalmer No.

2837

P. O. Address

608 Park Ave. Columbia

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.