

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34684**
Registrar's No. **133**

FILED NOV 13 1944
Registration District No. **787**

Primary Registration District No. **3040**

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
430 Cherry Street
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 70 years (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL") 2
(d) Street No. 430 Cherry Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MAHALA HICKS PANCOFF

3. (b) If veteran, name war No 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 William Hicks 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 20th. 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 7 hr. min.

9. Birthplace Paola, Kansas. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Miller

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

14. Maiden name Harriett Dixon

15. Birthplace Virgins. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Harriett Wilson

(b) Address Chillicothe, Missouri.

17. (a) Burial (b) Date thereof 10-29-'44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Utica, Missouri.

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) Oct 29 (b) h. o. Ethel Perry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1944 hour 1.9m. minute .. M.

21. I hereby certify that I attended the deceased from Aug. 19.42 to Oct. 27. 44
that I last saw her alive on Oct. 26. 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia
expecting to die
Due to

Due to Crises of Remanage

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830
Of autopsy

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

22. If death was due to external causes, fill in the following:

(c) 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? (c) Means of injury

23. Signature H. B. Jewell (M. D. or other)
Address Chillicothe, Mo. Date signed 10-27-44

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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 _____

Elmer Thomas

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Phillipattoe Md

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.