

FILED NOV 10 1944

Registration District No. 269

Primary Registration District No. 5908

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Remisicot  
 (b) City or town Holland-Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Holland m  
(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 allof life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Remisicot  
 (c) City or town Holland Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clarence Elbert Hicks

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, divorced, single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 28, 1944  
(Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Remisicot County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Clarence Hicks

13. Birthplace Remisicot County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Nona Stella Jackson

15. Birthplace Remisicot County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Hicks

(b) Address Holland, Missouri

17. (a) Burial (b) Date thereof 10-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt zion Cem. Stele, Mo

18. (a) Signature of funeral director Werman Und Co

(b) Address Stele, Mo. Box 1221

19. (a) 11-1-1944 (b) C. G. Limbaugh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 1st  
 year 1944 hour 6 minute 00 P M.

21. I hereby certify that I attended the deceased from Sept 25  
 1944 to Oct 1 1944

that I last saw him alive on Sept 30 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition - Gastro-intest. upset & anemia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 1944  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W Chapman (M. D. or other) \_\_\_\_\_

Address Stele, Mo Date signed 10/2/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1300

10-44-241

**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.

*W. J. Embalmer*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**