

FILED DEC 22 1944
 Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5074

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2313 Michigan
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
Missouri Jackson 48
 (a) State Kansas City (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. 2313 Michigan
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Hickum

3. (b) If veteran, name war None 3. (c) Social Security No. 486-10-6518

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lottie Hickum 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: August 10, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	4	1	hr. _____ min.

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

10. Usual occupation Porter

11. Industry or business Missouri Abstract

12. Name Richard Hickum

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

14. Maiden name Anna

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

16. (a) Informant Mrs. Lottie Hickum

(b) Address 2313 Michigan

17. (a) burial (b) Date thereof 12/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hickum Bros

(b) Address 1729 Lydia

19. (a) 12-14-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th
 year 1944 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from 12-11-44 to 12-11-44
 that I last saw him alive on 12-11-44 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary

Due Myocardial
occlusion

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

Major findings: 94a
 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 name of place)
 Means of Injury 0

23. Signature D. E. Brown (M. D. or other) _____
 Address 1830 7th Date signed 12/15/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

P. C. Turner M.D.

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 J. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.