No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41590

Registration District No. 206 Primary Registration District No. 3242 Registrar's No. 69

1. PLACE OF DEATH:
(a) County: Madison
(b) City or town: Fredericktown
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Madison
(c) City or town: Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No.: 309 Albert
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Howard Hickam
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: March (Month) 13 (Day) 1933 (Year)

8. AGE: Years 11 Months 8 Days 24 If less than one day hr. min.

9. Birthplace: Chicago (City, town, or county) Illinois (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name: Elvie Harold Hickam
FATHER 13. Birthplace: Bono (City, town, or county) Arkansas (State or foreign country)
MOTHER 14. Maiden name: Jannett Dixon
MOTHER 15. Birthplace: Coldwater (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Jannett Hickam
(b) Address: Fredericktown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Fredericktown, Mo.
18. (a) Signature of funeral director: Stanley H. Dixon
(b) Address: Fredericktown, Mo.
(a) Dec 8 1944 (Date received local registrar) (b) S. C. Scaggs (Registrar's signature)
By C. A. Schwarner

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th. year 1944 hour 2:15 minute A. M.
21. I hereby certify that I attended the deceased from Aug. 1st 1944 to December 7 1944 that I last saw him alive on December 7 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac insufficiency	
Due to Rheumatic Fever.	2½ yrs
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Keith L. Hull (M. D. or other) D.O.
Address: Fredericktown Mo. Date signed 12-8-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 145-25

Date Filed 1-8-45

MAR 27 1945

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredericktown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.