

FILED FEB 13 1945

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 3

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

1. PLACE OF DEATH

(a) County Brunswick

(b) City or town Braggadocio, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Little Prairie Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Brunswick

(c) City or town Braggadocio, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. hurse (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CAROLYN FAY HICKS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th
12-29-44 year hour 10 minute 0 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, infant

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

7. Birth date of deceased 12-29-44
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

9. Birthplace Braggadocio, Mo.
(City, town, or county) (State or foreign country)

Due to Infant 2 hours of all SA Cause of death

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Geo M Hicks

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

14. Maiden name Carrie Lee

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

Major findings: Of operations 200 C

Of autopsy _____

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

16. (a) Informant Geo M. Hicks

(b) Address Braggadocio, Mo.

17. (a) Burial (b) Date thereof 12-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steele Cem

18. (a) Signature of funeral director Friends

(b) Address Braggadocio, Mo.

19. (a) 12-30-1944 (b) Jessie M. Markley
(Date received local registrar) (Registrar's signature)

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 J B Luber (M. D. or other) _____
Address Carrollton, Mo.

1206

1-45-12

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.....

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.