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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

0204

State File No.

FILED FEB 16 1945

Registration District No. 1452

Primary Registration District No. 3021

Registrar's No. 356

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: Wright Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution four days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Milan (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eva Blanch Wickham

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex F.M.

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lyle K. Wickham

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 3 (Month) 7 (Day) 1905 (Year)

8. AGE: Years 39 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Downs (City, town, or county) Kans (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Mathew F Pointer
13. Birthplace Salem (City, town, or county) Kans (State or foreign country)

MOTHER
14. Maiden name Eva Myrtle Blunt
15. Birthplace Downs (City, town, or county) Kans (State or foreign country)

16. (a) Informant Lyle K Wickham
(b) Address Milan Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Schrock Cem.

18. (a) Signature of funeral director Schoene Funeral Ser.
(b) Address Milan Mo

19. (a) 1-17-45 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12th year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 31st, 1944, to Jan., 1944; that I last saw her alive on Jan. 12th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure — Duration 3 hours

Due to Right Pleural Effusion and Pressure from New Growth — 2 months

Due to In Mediastinum

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 Oliver F. Doffy (M.D. or other) M.D.

Address Trenton Mo Date signed 12th 1945

(Licensed Embalmer's Statement on Reverse Side)

L. S. Roberts

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 Dwight Schaeric

Licensed Embalmer No. 2667

P. O. Address Milan, Mo

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.