

FILED MAR 10 1945

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
617 S. Garrison Ave. /
(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)

3. (a) PRINT FULL NAME Robert Stickney

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, married, divorced Married

6. (b) Name of husband or wife Olive Stickney

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October 10 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	4	15	hr. _____ min.

9. Birthplace Spencerville Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney

11. Industry or business _____

MOTHER FATHER

12. Name David Stickney

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

14. Maiden name Julia Ann Purdy

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

16. (a) Informant Mrs. R. T. Stickney

(b) Address 617 S. Garrison, Carthage

17. (a) Burial (b) Date thereof Feb. 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Feb. 27, 1945 (b) E. Elizabeth Coupland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage /
(If outside city or town limits, write "RURAL")

(d) Street No. 617 S. Garrison Ave. 3
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1945 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1945, to Feb 25, 1945, that I last saw him alive on Feb 25, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Cecum

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

April 6, 1945

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? _____

While at work? _____ (Specify type of place)
Mean of injury _____

23. Signature H. E. Boyd (M. D. or other) _____
Address Carthage, Mo. Date signed 2-27-45

45-2-185

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.....

Emma C. Kneel

Licensed Embalmer No.....

391

P. O. Address.....

Carthage

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.