

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7324**

FILED FEB 19 1945

Registration District No. **236**

Primary Registration District No. **6128**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County **Shannon**  
(b) City or town **Boonville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **none**  
(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

**Harry O. Brickey**

3. (b) If veteran,  
name war. ....

3. (c) Social Security  
No. ....

4. Sex **M** (b) Name of husband or wife. ....  
5. Color or race **A** 6. (a) Single, widowed, married,  
divorced **widowed**  
6. (c) Age of husband or wife if  
alive. .... years  
7. Birth date of deceased. **June 3 - 1876**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68 6 28** hr. min.

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

10. Usual occupation **laborer**

11. Industry or business

12. Name **Isaac Brickey**  
13. Birthplace. .... (City, town, or county) (State or foreign country)  
14. Maiden name **Lucinda Johnson**  
15. Birthplace. .... (City, town, or county) (State or foreign country)

16. (a) Informant **Jim Brickey**  
(b) Address **Boonville Mo**

17. (a) **Rural** (b) Date thereof **1-3-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. **Funeral Country**

18. (a) Signature of funeral director. **none**  
(b) Address

19. (a) **1-2-45** (b) **Frank H. G. M. S.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Shannon**  
(c) City or town **Boonville Mo** **101**  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? .... (Yes or No)  
If yes, name country. **U**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **2**  
year **45** hour minute M.

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

Immediate cause of death. **Pulmonary I. B.** Duration

Due to.....

Due to.....

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

Major findings:  
Of operations. **13**

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 type of place) (e) Means of injury. **C**

23. Signature **Frank H. G. M. S.** (M. D. or other)  
Address **Boonville Mo** Date signed **1-2-45**

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

RECEIVED

District Embalmer Officer No. 5,

District File Number 245-104

Date Filed 2, 17, 45

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**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.**