. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

State File No. 7389

FILED MAR 30 1945

Registration District No. 30

Primary Registration District No. 3074

Registrar's No. 15

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Nevada Mo.
(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: 1 Day

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

3. (a) PRINT FULL NAME: WILLIAM BROWNLOW HICKMAN
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: EULALIA H. McGREW
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 9 (Day) 1869 (Year)

8. AGE: Years 75 Months 10 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace: Cedar County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: retired farmer
11. Industry or business .....
MOTHER FATHER
12. Name: John D. Hickman
13. Birthplace: Unknown (City, town, or county) ..... (State or foreign country)
14. Maiden name: Martha E. Callahan
15. Birthplace: Unknown (City, town, or county) ..... (State or foreign country)
16. (a) Informant: Mrs. Carrell Beeny
(b) Address: Sheldon Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-14-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Sheldon Cemetery
18. (a) Signature of funeral director: G.B. Beeny & Sons
(b) Address: Sheldon Mo
19. (a) 2-14-45 (Date received local registrar) (b) Hazel B. Beeuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1945 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from April 4 1944 to Feb 13 1945; that I last saw him alive on Feb 13 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	5 min
Due to: General arteriosclerosis	
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: F. G. Martin (M. D. or other) M.D.
Address: Nevada Date signed 2/14/45

1331 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
City Health Office No. 7
District File Number 2-45-168
Date Filed 2-7-45

JUN 13 1952

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 H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Imperial, 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.