

S. No. 2
4-8-43
5-17-39
I X37823

FILED APR 13 1945

State File No. _____
Registrar's No. 68

Registration District No. _____ Primary Registration District No. 6290

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town Buffalo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 50 Benton typ
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Buffalo Rural
(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 _____

3. (a) PRINT FULL NAME ALICE LEONE HICKS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 15 1931
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 4 13 hr. min.

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

10. Usual occupation invalid

11. Industry or business _____

MOTHER FATHER { 12. Name Lloyd Hicks
13. Birthplace Dallas Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Velma Evans
15. Birthplace Dallas Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Hicks
(b) Address Buffalo Mo

17. (a) burial (b) Date thereof 3-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton Branch

18. (a) Signature of funeral director L B Jones
(b) Address Buffalo Mo

19. (a) March 31-45 (b) Miss Alice H. Haver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1945 hour 6 minute 30 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 _____
Natural causes
Due to _____
Due to cause unknown
Involved all her life
Other conditions _____
(Include pregnancy within 3 months of death) life
Major findings: _____
Of operations _____
Of autopsy 200a

Duration _____
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 L B Jones (M. D. or other)
Address Buffalo Mo Date signed _____

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

1124

RECEIVED

District Health Officer No. 71

District File Number 8-15-344

Date Filed 4-12-45

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 Morris B Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.