

FILED APR 19 1945

Registration District No. 226

Primary Registration District No. 6207

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Peyas
(b) City or town Success Lynch Twp.
(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)
In this community 5 mo. years, months or days

3. (a) PRINT FULL NAME REBECCA ELIZABETH SIKES

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE! 5. Color or race WHI 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife DAVID SIKES 6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased NOV 23 1862 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER { 12. Name ABRAM HANKS
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name SARAH TURNER
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant: ROBERT SIKES SON
(b) Address: SUCCESS MO

17. (a) BURIAL (b) Date thereof FEB 23 1945 (Month) (Day) (Year)
(c) Place: Burial or cremation MANFIELD - RURAL

18. (a) Signature of funeral director Lynn Evans
(b) Address Houston MO

19. (a) March 12-45 (b) Mrs. Cella Duff (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peyas
(c) City or town Success (R) 107
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1945 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from before she passed away before she passed away, 19____; that I last saw her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Supposed to be Heart-failure
Due to unknown

Due to _____
Other conditions Senility (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 162

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 _____

23. Signature J. R. Womack (M. D. or other)
Address Houston, MO Date signed 2-23-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number

445-169

Date Filed

4.9.45.

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

J. H. Moffat

Licensed Embalmer No.

2796

P. O. Address

Mountain Grove

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, above space should be left blank.