

S. No. 2  
M-2-43  
7. 5-17-39  
SI X35627

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 11 1945

Registration District No. 20

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12757

State File No. \_\_\_\_\_

Primary Registration District No. 4031

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Adrian  
(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 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Adrian  
(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 Delila Suzannah Ficklin

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles E. Ficklin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 27 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 9 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation House

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jonathan Hays Walter

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

14. Maiden name Nancy Allen

15. Birthplace Moniteau Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Ficklin

(b) Address Adrian Mo

17. (a) Burial (b) Date thereof 4-19-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Adrian Mo

19. (a) 4-18-45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from after death  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her \_\_\_\_\_ alive on April 9  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Probably coronary occlusion  
Due to Chronic Endocarditis \_\_\_\_\_  
Duration 10 yrs.

Due to (Low Blood Pressure?) \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature D. J. Colson (M. D. or other) sa  
Address Adrian Mo Date signed 4-17-45

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

1299

RECEIVED

District Health Officer No. 76

District File Number 4-45-433

Date Filed 5-10-43

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.....

and Fred J. Grant # 3343

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... [Signature]

Licensed Embalmer No. 3650

P. O. Address..... Adrian 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.