S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15897

FILED JUN 4 1945

Registration District No. 777

Primary Registration District No. 1062

Registrar's No. 2209

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1408 East 19th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1408 East 19th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Willie Hicks

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jas. W. Hicks

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased January 14, 1917
(Month) (Day) (Year)

8. AGE: Years 28 | Months 4 | Days 4 | If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Gene Sanders
13. Birthplace (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Sallie Grant
15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant Jas. W. Hicks
(b) Address 1408 East 19th St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 5-22-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1945 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from May 6, 1945 to May 18th., 1945
that I last saw her alive on May 18 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Puerperal Septicemia	12 days
Due to Miscarriage	4 mo.
Due to spontaneous	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 140 b	
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 Eugene P. Chatman (M. D. or other)
Address 1731 Brooklyn Date signed 5-21-45

(Licensed Embalmer's Statement on Reverse Side)

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 Jo Jerome Manhare

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.