S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1945
318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18698

Primary Registration District No. 1003

Registrar's No. 5081

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution 17 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Calloway
(c) City or town Fulton
(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 Arthur Ficklin

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Blanche Ficklin

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December (Month) 9 (Day) 1878 (Year)

8. AGE: Years 66 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation Engineer

11. Industry or business

FATHER
12. Name Thompson Ficklin
13. Birthplace Calloway County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Virginia Taylor
15. Birthplace Calloway County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Frances Mosley
(b) Address Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Missouri

18. (a) Signature of funeral director Albert A. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 8 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1945 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from May 22 1945, to June 7th 1945; that I last saw him alive on June 9th 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Loculated peritonitis — Lobar pneumonia

Due to Common bile duct obstruction hepatic

Due to insufficiency

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NO

Of autopsy

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

23. Signature F R Bradley (M. D. or other)
Address Barnes Hospital Date signed 6/8/45

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 19[illegible]

JUN 20 1945

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 John Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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.