

FILED JUL 5 1945

Primary Registration District No. 5101

Registrar's No. 13

008  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Benton

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

(c) Name of hospital or institution: 1 Alexander Hwy  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Benton

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

(d) Street No. 22m N. E. y Bentonville  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Raymond Rickett

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 708-18-7730

20. DATE OF DEATH: Month May day 19  
year 1945 hour 11 minute 30 A M.

4. Sex MO 5. Color or race W

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

6. (c) Age of husband or wife if alive 43 years  
(Day) (Year)

7. Birth date of deceased: Feb 17 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from never, 19\_\_\_\_, to never, 19\_\_\_\_;  
that I last saw him alive on never, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death: gun shot in forehead 22 rifle suicide

Duration \_\_\_\_\_

8. AGE: Years 51 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Unknown MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Brakeman

11. Industry or business Rock Island RR

12. Name Geo. Rickett

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

14. Maiden name Minnie Sapp

15. Birthplace Unknown MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mellie Rickett

(b) Address Conium MO

17. (a) Burial (b) Date thereof 5-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rickett Cemetery

18. (a) Signature of funeral director Wasson

(b) Address Wasson MO

19. (a) 62145 (b) Jas A. Logan  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 1642

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 5-19-1945

(c) Where did injury occur? Benton MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in home

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

(e) Means of injury \_\_\_\_\_

23. Signature Dr. R. C. Logan (M. D. or other) MD

Address Cole Camp Date signed 5-24-45

PHYSICIAN  
Underline the cause to which death should be charged statistically.

AUG 30 1959

APR 22 1959

RECEIVED  
District Health Officer No. 77  
License Number 6-45-528  
Date Filed 7-3-45

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 Paul Richard Brown  
Licensed Embalmer No. 4324  
P. O. Address Warren Hill

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.