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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20452

FILED JUL 12 1945 382

Registration District No.

Primary Registration District No. 4-2-3-0-5548 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Howard

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

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

(d) Length of stay: In hospital or institution x (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 45

(a) State Missouri (b) County Howard 0

(c) City or town Roanoke 0
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Pearl Wickes

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~~, 0 ~~divorced~~ Yes

6. (b) Name of husband or wife x

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

7. Birth date of deceased July (Month) 14 (Day) 1879 (Year)

8. AGE: Years 65 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Housekeeper (own home)

11. Industry or business x

FATHER
12. Name Norval Davidson Wickes
13. Birthplace ? (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Eliza Jane Kring
15. Birthplace Fayette (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. E. W. Mott

(b) Address Armstrong, Missouri

17. (a) Burial ~~June 26, 1945~~ (Burial, ~~cremation, or removal~~) (b) Date thereof 6 26 '45 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Roanoke, Missouri

18. (a) Signature of funeral director Mary Oldaker

(b) Address Armstrong, Missouri

19. (a) June 28 1945 (Date received local registrar) (b) R W Raines (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1945 hour 4 minute a M.

21. I hereby certify that I attended the deceased from Dec 14, 1944, to June 25, 1945; that I last saw her alive on June 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Cardiac Hypertrophy

Due to Chronic Myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature W. M. Dickerson (M. D. ~~or other~~)

Address Armstrong Mo Date signed 6/27/45

1519 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number_____
Date Filed 7/6/47

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 Mary Oedaker

Licensed Embalmer No. 3399

P. O. Address Armstrong, 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, above space should be left blank.