

S. No. 2
M-8-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20975

State File No. _____

FILED JUL 12 1945

Registration District No. 25

Primary Registration District No. 5880-4389

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Osage

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

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

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

In this community 42 years
years, months or days

3. (a) PRINT FULL NAME Loyd Hicks (C)

3. (b) If veteran, name war _____

3. (c) Social Security No. 487-18-7437

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gladys Hicks

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased: July 2nd, 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>11</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Hicks

13. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Wilson

15. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Hicks

(b) Address Linn, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 1st, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Judge Cemetary

18. (c) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) 7-4-45 (Date received local registrar)

(b) T A Dupreville (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Linn, Mo.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1945 hour 1 minute 30 p.m.

21. I hereby certify that I attended the deceased from 4-22-1944 to 6-28-1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction

Due to Sec. Carcinoma

Due to Primary site - Rectum

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations HA

Of autopsy _____

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 Thomas W. Baldwin (M. D. or other) 2

Address Linn, Mo. Date signed 7-3-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

7-11-45

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.....

Victor Buescher

Licensed Embalmer No.

3701

P. O. Address

Jefferson City

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.