V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 9 1945

State File No. 23600

Registration District No. 47 Primary Registration District No. 3008 Registrar's No.

14
1
2

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

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs 3 mo 29 days (Specify whether
In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 14
(c) City or town Columbia 1 (If outside city or town limits, write "RURAL")
(d) Street No. R F D 2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CORA HICKAM

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female 1
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife TB Hickam
6. (c) Age of husband or wife if alive DK years
7. Birth date of deceased Nov (Month) 25 (Day) 1888 (Year)

8. AGE: Years 56 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Audrain Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Dr John R Crawford
13. Birthplace DK (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Nora Merry
15. Birthplace (City, town, or county) Dr 9 (State or foreign country)
16. (a) Informant Burds State Hospt No 1
(b) Address Fulton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 27 (Day) 1945 (Year)
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton Mo
19. (a) 7-27-1945 (Date received local registrar) (b) Josie Morsuckhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1945 hour 6 minute 30 P M.
21. I hereby certify that I attended the deceased from 7-26-45, 19, to 7-26-45, 19; that I last saw her alive on 7-26-45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 R R Price (M.D. or other)
Address Fulton Mo Date signed 7-24-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 8-7-45

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 Glen J. Maupin

Licensed Embalmer No. 2425

P. O. Address Fulton, 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, fact should be so stated above.