S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36733

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 350

1. PLACE OF DEATH

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Hours (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

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

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

(e) Citizen of foreign country? NO 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Edward Rickman

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-16-4061

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Beatrice Rickman

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased November (Month) 6 (Day) 1911 (Year)

8. AGE: Years 34 Months — Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Rickman
13. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Ida McClen
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Beatrice Rickman
(b) Address Bernie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation Bernie, Missouri

18. (a) Signature of funeral director Robert E. Drum
(b) Address Bernie Mo.

19. (a) 12-8-45 (Date received local registrar) (b) PH Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 25
year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Nov 25, 1945, to ....., 19..., that I last saw him alive on Nov. 25, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to Gunshot wound of Head (Cerebrum)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence

(c) Where did injury occur? Bernie (City or town) Stoddard (County) Mo (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 Frank E. Snelle (M. D. or other) M.D.

Address Poplar Bluff Date signed 11/25/45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1245-3394
Date Filed 12-14-45

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 J. G. Schauman

Licensed Embalmer No. 4086

P. O. Address Malden

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.