

Domain
38375
State File No.
Registrar's No. 52

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

NOV 19 1945
3/11
Registration District No. 191945

Primary Registration District No. 4456

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

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton city
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 mo years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Vernon 108
(c) City or town Shell city MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Houston Hickman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased 4 17 1858 (Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Hubbard Hickman

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

14. Maiden name Mary

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

16. (a) Informant Lula Morthuis

(b) Address Appleton city MO

17. (a) Burial (b) Date thereof 10-29-45 (Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shell city MO

18. (a) Signature of funeral director Fred W. Keane

(b) Address Shell city MO

19. (a) 10-29-45 (b) Geo. Storey (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27 year 1945 hour 11:25 minute _____ A. M.
21. I hereby certify that I attended the deceased from 10-3 1945 to 10-24 1945 that I last saw him alive on 10-24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 8 dy

Due to _____
Due to _____

Other conditions Arteriosclerosis + Myocarditis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy all

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo. Storey (M. D. or other) _____
address Shell city MO Date signed 10-29-45

Date

10-40-1126
11-14-43

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 Fred Wilkinson

Licensed Embalmer No. 7478

P. O. Address: Clinton 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.