

FILED FEB 7 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 days
(Specify whether years, months or days) 39 days

3. (a) PRINT FULL NAME Ann Nickman

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec 15 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 45 45 hr. min.

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

10. Usual occupation infant

11. Industry or business

12. Name Wesley Hickman

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

14. Maiden name Helen M. Evans

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

16. (a) Informant Helen Hickman

(b) Address Richmond Mo.

17. (a) Buried (b) Date thereof 1/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremations Richmond Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Richmond Mo.

19. (a) 1-26-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89
(c) City or town Richmond Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R 7 D # 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1945 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec 16, 1945, to Jan 25, 1946
that I last saw him alive on Jan 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration 8 mo

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 159

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?

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

23. Signature [Signature] (M. D. or other)

Address 1624 Pryor Rd Date signed 1/29/46

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

1022

18
3
8

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..... *Louis Zuehl*.....
Licensed Embalmer No. *4096*.....
P. O. Address. *Richmond, 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.