

FILED MAR 12 1946

Registration District No. 160 Primary Registration District No. 3020 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
208 N. Adams
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")
(d) Street No. 208 N. Adams
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura Hickman

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

4. Sex Fem. / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased December 15 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 1 29 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name John Chandler

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Bessie Hill

(b) Address Festus Missouri

17. (a) Burial (b) Date thereof 2-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Post, Mo.

18. (a) Signature of funeral director Fink Funeral Parlor

(b) Address Festus, Missouri

19. (a) Feb 15 1946 (b) Charles Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day February
year 1946 hour 9: minute 00 P.M.

21. I hereby certify that I attended the deceased from 2-5-
1946, to 2-14, 1946

that I last saw her alive on 2-12, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Active Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 136

Duration

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 M. D. Duncan D.O. (M. D. or other) D

Address Festus, Mo. Date signed 2-14-46

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

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. *E. L. Torrice*

Licensed Embalmer No. 3403

P. O. Address. Festus, Missouri

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.