No. 2
1—2-43
5-17-39
T X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12141

State File No.

Registration District No. 15 Primary Registration District No. 5068 Registrar's No. ~~19~~ 18

1. PLACE OF DEATH:
(a) County Barton
(b) City or town rural Doyle port
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Vernon 108
(c) City or town Sheldon Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Victor Hickam
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 Widower
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 1 (Day) 1868 (Year)

8. AGE: Years 78 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Monitor Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation State Employee
11. Industry or business State Hospitals
MOTHER FATHER
12. Name Squire William Hickam
13. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name Mabala Clay
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Henry Hickam
(b) Address Sheldon, Mo. R.R. 1
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 28 '46 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery - Lamar Mo.
18. (a) Signature of funeral director Beeny Funeral Home
(b) Address Sheldon, Mo.
19. (a) MAR 27 1946 (Date received local registrar) (b) Marie Romanty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26 year 1946 hour 12 noon minute M.
21. I hereby certify that I attended the deceased from 10 Feb 1946 to 26 MAR 1946 that I last saw him alive on 15 MAR 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA PROSTATE	6 MO
Due to UREMIC POISONING	1 MO.
IMMEDIATE CAUSE DEATH.	
Due to	
Other conditions NONE (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy NONE

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
23. Signature (M. D. or other)
Address Date signed 3-27-46

(Licensed Embalmer's Statement on Reverse Side)

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1050 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number 446-423
Date Filed APR 12 1940

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 L Gerald Beery

Licensed Embalmer No. 4203

P. O. Address Sheldon, 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.