

S. No. 2
DM-5-43
v. 5-17-39
I X36671

15694

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 10 1946

Registration District No. 31

Primary Registration District No. 5107

Registrar's No. 6

1. PLACE OF DEATH:

(a) County BENTON

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

(c) Name of hospital or institution:
R.F.D # 1
(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 Mo (b) County BENTON

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

(d) Street No. R.F.D # 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLGA FICKEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 9TH
year 1946 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-8-46 to 5-9-46
that I last saw her alive on 5-8-46 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced: WID.

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

7. Birth date of deceased: FEB 19 1878
(Month) (Day) (Year)

Immediate cause of death: Diabetes Duration _____

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

68 2 20 hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name ADOLPH RIECKE

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

14. Maiden name NO RECORD

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant LOVELLA FICKEN

(b) Address LINCOLN RR 1

17. (a) BURIAL (b) Date thereof 5-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LINCOLN, Mo

18. (a) Signature of funeral director L. J. Dillig

(b) Address Sedalia

19. (a) MAY 5, 1946 (b) Tauline Harnes
(Date received local registrar) (Registrar's signature)

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 Dr. Reser MD (M. D. or other) _____
Address Dr. Camp Date signed 5-11-46

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

24

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 1946

JUN 19 1946

RECEIVED

Officer No. 7,

Serial No. 5-46-584

Date Filed 6-2-46

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. F. Parker*

Licensed Embalmer No. *3840*

P. O. Address: *Sedalia 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.