

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Proberly
(c) Name of hospital or institution: McBarnick Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Proberly
(d) Street No. _____
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice Marie Hicks

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased June 4th 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 12 hr. 5 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Wilbert L. Hicks

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

14. Maiden name Rose Marie Eggleston

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

16. (a) Informant W L Hicks

(b) Address Proberly Mo

17. (a) Burial (b) Date thereof June 15 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Proberly Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Proberly Mo

19. (a) June 5 - 46 (b) Dean McEwen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1946 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from June 4
1946 June 5, 1946

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Potent foramen Ovale lth

Due to _____

Due to _____

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

Major findings: Of operations _____

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) (Means of injury)

23. Signature H. C. [Signature] (M.D. or other) _____
Address Proberly Mo Date signed 6-5-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

269

RECEIVED

District Health Officer No. 10

District File Number 7-46-1301

Date Filed JUL 9 1946

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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.