S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23141

State File No.

FILED JUL 26 1946

Registration District No. 26 Primary Registration District No. 5355 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural Washington
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas 30

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

(d) Street No. Phillipsburg Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jim Will Hicks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ellen Hicks

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct (Month) 3 (Day) 1868 (Year)

8. AGE: Years 76 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Dallas (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Tom Hicks
13. Birthplace unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Jane Gonn
15. Birthplace unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Eddie Hicks
(b) Address Phillipsburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Harmony Cem.

18. (a) Signature of funeral director Montgomery-Vaughan
(b) Address Buffalo Mo.

19. (a) 7-16-46 (Date received local registrar) (b) Grace Petree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9
year 1946 hour 8 minute 15 A M.

21. I hereby certify that I attended the deceased from 7-3, 1946 to 7-9, 1946
that I last saw him alive on 7-3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Dilatation of left ventricle of heart

Due to H Retention

Other conditions
(Include pregnancy within 3 months of death) 0

Major findings:
Of operations 95°

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Lindsay (M. D. or other) MD

Address Conway Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 7,

6-46-782

Date Filed 7-24-46

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo 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.