

23264

State File No.

FILED JUL 29 1946

Registration District No. Primary Registration District No. 5445 Registrar's No. 65

1. PLACE OF DEATH:
 (a) County Stout
 (b) City or town Boyle 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 lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Stout 38
 (c) City or town Boyle Township 3
 (If outside city or town limits, write "RURAL")
 (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 Harve Lykins
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 26
 year 1946 hour 3 minute 15 P.M.
 21. I hereby certify that I attended the deceased from June 25, 1946 to June 26, 1946
 that I last saw him alive on June 26, 1946
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hassie Fulson 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased April 15 1905
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of Liver Duration 5 months

8. AGE: Years 41 Months 2 Days 11 If less than one day hr. min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations: 46/8
 Of autopsy _____

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Wm Lykins

13. Birthplace Stout Co Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Emma

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

16. (a) Informant Mrs. Hassie Lykins
 (b) Address Stout Mo R.F.D.

17. (a) Burial (b) Date thereof June 27-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Emory Cemetery

18. (a) Signature of funeral director Wm Lykins
 (b) Address Stout Mo
 19. (a) July 3-1946 (b) Homer D. Webster
 (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?
 _____ (Specify type of place)
 While at work _____ (b) Means of injury _____
 23. Signature Charles N. Williamson (M. D. or other) MD
 Address Stout Mo Date signed 7-1-46

MOTHER FATHER

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

23120

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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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clifford Burch
.....
Licensed Embalmer No. 3329

P. O. Address.....
Albany 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.