V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

25514

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1946

State File No. 26668

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 208

1. PLACE OF DEATH:

(a) County COLE

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

(c) Name of hospital or institution: R. R. # 1. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE 26

(c) City or town JEFFERSON CITY, MO. 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 1 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME PAUL LEO SICKINGER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife AGUSTA IHLER SICKINGER

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased AUGUST 16, 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	0	9	hr. min.

9. Birthplace ELSOTON, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name JOSEPH SICKINGER 1
13. Birthplace OHIO
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CLARA KAUFFMAN
15. Birthplace ELSTON, MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. PAUL SICKINGER
(b) Address R. R. # 1 JEFFERSON CITY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/2/46. (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEMETERY

18. (a) Signature of funeral director Sylvester Dulle
(b) Address JEFFERSONCITY, MISSOURI

19. (a) 9-4-46 (Date received local registrar) (b) R. P. Darris M (Registrar's signature) MR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27
year 1946 hour 11 minute 50 P M.

21. I hereby certify that I attended the deceased from Dead when owned, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death This man was plowing with a tractor at night, the supposition

Due to is that he went to sleep & the tractor

Due to run into the river & he drowned, the

Other conditions body was found
(Include pregnancy within 3 months of death)
in the river Sat morning

Major findings:
Of operations at 2 A.M. Aug 31, 1946
Of autopsy death by drowning

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

175a

22. If death was due to external causes, fill in the following: 121

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Aug 27 - 1946

(c) Where did injury occur? Jefferson City Cole Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Farm
(Specify type of place)

While at work? yes (e) Means of injury drowning

23. Signature J. T. Leslie M.D. coroner 3
(M. D. or other)

Address Jefferson City Mo Date signed 8-31-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.
District File Number 9-46-54
Date Filed 9-9-46

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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.