MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED AUG 19 1946

27647

Do not use this space.

1. PLACE OF DEATH

(a) County LAWRENCE — Registration District No. 176

(b) Township or City MILLER — Primary Registration District No. ~~176~~ 4278 — Registered No. ~~34~~ 38

(c) City MILLER — (d) Street No. 1 — St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GOU ETTA WICKS

(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIFE GUY P. WICKS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 25-1879

7. AGE: YEARS 66 — MONTHS 9 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOCKWOOD MO

FATHER

13. NAME Un Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known Missouri

MOTHER

15. MAIDEN NAME Un Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) GUY P. WICKS MILLER MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE LOCKWOOD MO DATE July 29 1946

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. L. Hammerlich Lockwood MO

20. FILED [illegible] W. S. Bussey Local Registrar.

7-26-46

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1946

22. I HEREBY CERTIFY, That I attended deceased from April 5 1946 to July 24 1946

I last saw her alive on July 23 1946 Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

apoplexy — unknown

acute pericarditis — July 10 1946

Other contributory causes of importance:

93 a

Name of operation no — Date of

What test confirmed diagnosis? none — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify P. A. Holmes

(Signed) ....., M. D.

(Address) Mt Vernon Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

26486

50M-9-19-38 I X16605

RECEIVED
District Health Officer No. 6, 271
District File Number 846-857
Date Filed AUG 14 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 R. L. Hammschild

Licensed Embalmer No. 3234

P. O. Address Lockwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.