

S. No. 2  
DM-5-43  
v. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34221  
Registrar's No. 42

Registration District No. 226 Primary Registration District No. 4337

1. PLACE OF DEATH:  
(a) County Monroe  
(b) City or town Madison  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1  
(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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Monroe 67  
(c) City or town Madison R.R. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 (If rural, give location) 0  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Wendell Hickman  
(b) If veteran name war 1  
(c) Social Security No. 1

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 25  
year 1946 hour 12 minute 30 P. M.  
21. I hereby certify that I attended the deceased from 1 Oct. 25 1946 to Oct 25 1946  
that I last saw him alive on Oct 25 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 single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive 1 years  
7. Birth date of deceased 9 - 11 - 1946  
(Month) (Day) (Year)

Immediate cause of death congenital heart disease (Probably interatrial septal defect) 6wks  
Due to \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years 0 Months 1 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions Circumcision 7 days ago.  
(Include pregnancy within 3 months of death)  
Major findings: 157E  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Madison R.R. Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation at home

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name James Wallace Hickman  
13. Birthplace Monroe Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Jane Allen  
15. Birthplace Shawnee Okla.  
(City, town or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs James Hickman  
(b) Address Madison Mo  
17. (a) burial (b) Date thereof 10-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Spirit Hill

23. Signature J. M. Gurneado (M. D. or other) 2  
Address Madison, Mo. Date signed 10/25/46

18. (a) Signature of funeral director W. A. Thompson  
(b) Address Madison Mo  
19. (a) Oct 28, 1946 (b) Chas. Little  
(Date received local registrar) (Registrar's signature)

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

33048

RECEIVED  
District Health Officer No. 10  
District File Number 10-46-2027  
Date Filed NOV - 8 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 Wm Fred A Thompson

Licensed Embalmer No. 3282

P. O. Address Madison Ind

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.