

FILED DEC 24 1946

Registration District No. **177**

Primary Registration District No. **1002**

Registrar's No. **5220**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **7611 Wornall, Colonial Rest Home**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **since 5-1-46**
 (Specify whether
 In this community **three years**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
48
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **6101 Main Street**
3
7611 Wornall
 (If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **X** **(1)**

3. (a) PRINT FULL NAME **Hubert Edward Hicks**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **no.**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced. **Widowed**
 6. (b) Name of husband or wife **Jennie T. Hicks** 6. (c) Age of husband or wife if alive **dec.** years
 7. Birth date of deceased **June 19 1867**
 (Month) (Day) (Year)

8. AGE: Years Months Days **79 5 24** If less than one day hr. min. **23**

9. Birthplace **Michigan**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **X**

12. Name **Sylvester V. Hicks**

13. Birthplace **Canada**
 (City, town, or county) (State or foreign country)

14. Maiden name **May A.**

15. Birthplace **England**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. N. Van Allsburg.**

(b) Address **6101 Main St., Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **12-12-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
Grant, Michigan

(c) Place: burial or cremation

18. (a) Signature of funeral director **Stins & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **12-12-46** (b) **Steraldine Holmes**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **12**
 year **1946** hour **8:40** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec. 9**
1946 to **Dec. 12** 19**46**

that I last saw him alive on **Dec 11** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration

Due to **thrombosis**

Due to **Hypertension** **2 years**

Other conditions **Senility**
 (Include pregnancy within 3 months of death)

Major findings: Of operations **94a**

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Ernest H. Mason** (M. D. or other) **PO.**

Address **121 W. 63rd St.** Date signed **12/12/46**

MOTHER FATHER

Dr. Ernest Mason, 121 W. 60th

AE
Hi 4324
6317 Bulte

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

[Handwritten Signature]

Licensed Embalmer No. *1415*

P. O. Address *150 W 4th*

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

If this body is not embalmed, fact should be so stated above.