

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13333

State File No.

Registration District No. 744

Primary Registration District No. 4234

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of 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 30 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lillian Belle Sickels

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

4. Sex fem / 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Sept. 1 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 29 hr. min. 0

9. Birthplace Kahoka Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Albert Sickels

13. Birthplace Wheeling West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jennings

15. Birthplace Wheeling West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant T. E. Bell

(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 5-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 3. White Ironton Missouri

19. (a) 5-12-47 (b) Mrs. Anna Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Ironton
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1947 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan. 2, 1947, 19... to Apr. 30, 1947, 19...
that I last saw her alive on Apr. 29, 1947, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure Duration 4-30-47

Due to chronic myocarditis ?

Due to chronic arthritis ?

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

Major findings: Of operations 9/3/47

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? 0

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

23. Signature R. E. Hurland (M. D. or other) M. D.

Address Ironton, Mo. Date signed 5-9-47

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

RECEIVED

District Health Officer No. 4
District File Number 547-696
Date Filed 5-14-47

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 Rachel White
Licensed Embalmer No. 3012
P. O. Address Denton, Tex.

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.