

FILED MAY 8 1947

Registration District No. 277

Primary Registration District No. 5829

Registrar's No. 14

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville Mo.  
(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 8 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Troy Sticklin Jr

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

4. Sex Male 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 April 22 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

8 hr. 0 min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Troy Sticklin Jr

13. Birthplace Portageville, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Belle Young

15. Birthplace Portageville, Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Troy Sticklin Jr

(b) Address Portageville Mo

17. (a) Burial (b) Date thereof 5-1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery Mo

18. (a) Signature of General Director [Signature]

(b) Address Portageville Mo

19. (a) 30-47 (b) [Signature]  
(Data received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid 72

(c) City or town Portageville Mo. R I  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL, 30 day 1 hour 10 A.M minute 0 M.

21. I hereby certify that I attended the deceased from April, 30, 47, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Icterus Neonatorum and acute Bronchitis

Due to Usual causes

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 1610

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) (c) Means of injury 0

23. Signature A. A. Ruder (M. D. or other) 0

Address Portageville, Mo. Day 5301

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

72  
66  
00

RECEIVED

District Health Office No. 2,

District File Number 547-647

Date Filed 5-5-47

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.