

1. PLACE OF DEATH:

(a) County Tolk  
(b) City or town Balvian  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
520 South Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 23 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Noah Travis Hicks  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Lula Fenta Hicks (c) Age of husband or wife if alive 96 years  
7. Birth date of deceased April 28, 1880  
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Jonathan Hicks  
13. Birthplace Missouri  
14. Maiden name Forenda H. H. H. H.  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula F. Hicks

(b) Address Balvian, Mo.

17. (a) Burial (b) Date thereof May 29, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Arwin Blue

(b) Address Balvian, Mo.

19. (a) June 3, 1947 (b) Ralph Baker  
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dick  
(c) City or town Balvian  
(If outside city or town limits, write "RURAL")  
(d) Street No. 520 South Main  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from May 15, 1947 to May 27, 1947  
that I last saw him alive on May 27, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure

Due to Probably following

Due to Coronary occlusion

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 93%

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

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 E. D. Smith (M. D.)

Address Balvian Mo Date signed 6-3-47

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

RECEIVED  
District Health Officer No. 7,  
District File Number 5-47-709  
Date Filed 6-9-47

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.....

*Paul D. Butler*, Registered Apprentice No. *446*,  
working under my personal supervision.

Signed *Richard P. Emwin*

Licensed Embalmer No. *3092*

P. O. Address *Palmar, Mo.*

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.