V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 9 1947

Registration District No. 376

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28771

Primary Registration District No. 3059

Registrar's No. 301

14
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonneterre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonneterre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community two weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois 94
(c) City or town Farmington, 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Clifford Paul Rickus
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug. (Month) 17 (Day) 1947 (Year)

8. AGE: Years | Months | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Farmington (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Baby
11. Industry or business .....

FATHER
12. Name Paul L. Rickus
13. Birthplace Farmington (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Rita White
15. Birthplace Creg, Colorado (City, town, or county) (State or foreign country) 1

16. (a) Informant Paul Rickus
(b) Address Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Lutherian, C. Farmington Mo.
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 9-4-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1947 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 9-3-47 ....., 19....., to 9-3, 1947;
that I last saw him alive on 9-3, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary hemorrhage	6 hrs.
Due to Unknown cause.	
Due to	
Other conditions Left hemothorax, cause undetermined (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 161	

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature F. Richard Crouse (M. D. or other) M.D.
Address Farmington, Mo. Date signed 9.4.47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

CEIVED

ict Health Officer No. 4

File Number 947-1146

d 9-8-47

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 C H Cozan

Licensed Embalmer No. 4084

P. O. Address Farmington 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.