

FILED NOV 5 1947 58

Registration District No. _____

Primary Registration District No. 5590

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Fletcher
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 12 months.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town Fletcher
(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 _____

3. (a) PRINT FULL NAME Hettie Mae Hicks

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Allen Hicks 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 17 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name David M. Blankenship

13. Birthplace Centerville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pilgrimage

15. Birthplace Centerville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Colman Hicks

(b) Address Fletcher Mo.

17. (a) burial (b) Date thereof July 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pinico Mo.

18. (a) Signature of funeral director Wagner White

(b) Address Centerville Mo.

19. (a) 9/30/47 (b) Edward Edwards
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1947 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from _____ 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 Accident
of horses
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 7/17/47
(c) Where did injury occur? Fletcher Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Highway N.W. Road
While at work? _____ (Specify type of place) (e) Manner of injury 3

23. Signature W.B. Edwards (M. D. or other) Coroner

Address W.B. Edwards Date signed 7/17/47

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Order file. mo. Coroner

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed NOV 3 1947

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. 4295
P. O. Address.....
Chouton, 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.