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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37137

FILED DEC 15 1947

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1432

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 923 South 20th St (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 36 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph, Mo. (If outside city or town limits, write "RURAL") 1
(d) Street No.: 923 South 20th St (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Olive B. Hickman

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

4. Sex: Female — 5. Color or race: white — 6. (a) Single, widowed, married, divorced: widow 2

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

7. Birth date of deceased: August 9, 1883 (Month) (Day) (Year)

8. AGE: Years 64 — Months 3 — Days 11 — If less than one day: hr. min.

9. Birthplace: New Hampton, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: home

FATHER
12. Name: Isaac McCan
13. Birthplace: Newcastle, Penn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name: Lottie Yocum
15. Birthplace: unknown (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant: Mrs Doris Szymanski
(b) Address: 923 South 20th St, St. Joe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Auburn Cemetery

18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.

19. (a) 12-9-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 20 year: 1947 hour: 10 minute: 30 A. M.

21. I hereby certify that I attended the deceased from Nov 18-47, 19..., to Nov 20, 1947 that I last saw her alive on Nov 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days

Due to: general arteriosclerosis — uncertain

Due to:

Other conditions: none (Include pregnancy within 3 months of death)

Major findings:
Of operations: 63 A
Of autopsy: No autopsy

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: 0

23. Signature: E. E. Meluney (M. D. or other) M.D.
Address: 214 Kirkpatrick Bld St. Joseph Mo — Date signed: Nov 21 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.