S. No. 2
M—1/47
. 5-17-39

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. 37243

FILED DEC 3 1947

Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 413

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Live Oak School
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 9 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. ½ mile N. of Live Oak 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME David Anderson Hicks

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 S 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 18, 1938 (Month) (Day) (Year)

8. AGE: Years 9 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Butler Co., Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business School child

FATHER
12. Name James A. Hicks 1
13. Birthplace Fith Co., Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Stella Kimes
15. Birthplace Stoddard Co., Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Hicks
(b) Address Poplar Bluff, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 11-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Black Creek—Butler Co. Mo

18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo

19. (a) 11-29-47 (Date received local registrar) (b) R. W. Menetree (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1947 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage

Due to Gun shot Wound Left Chest while hunting

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident 012
(b) Date of occurrence 11/22-47
(c) Where did injury occur? Butler Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hiway
(Specify type of place)
While at work? No (e) Means of injury Shot Gun

23. Signature Trover W Greene M.D. Coroner
Address Poplar Bluff Mo Date signed 11/24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 242-1529
Date Filed 12-1-42

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 George W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.