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

FILED APR 1 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-5-68

State File No. 9000

Registrar's No. 81

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Rural Blue Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 707 Overton
(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: 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Rural Blue Township 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 707 Overton 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: EARL F. HICKS

3. (b) If veteran, name war: ----------

3. (c) Social Security No.: 491-22-1422

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Josephine Lucille Hicks

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

7. Birth date of deceased: December 17, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	2	14	..... hr. ..... min.

9. Birthplace: Stockton, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation: Oil Driller Equipment

11. Industry or business

FATHER
12. Name: Marquis Hicks
13. Birthplace: Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ida Fowler
15. Birthplace: Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Robert Lee Hicks
(b) Address: Kansas City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery

18. (a) Signature of funeral director: Roland R. Speaks
(b) Address: Independence, Missouri

19. (a) 3-2-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st, year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 15, 1947, to March 1st, 1948, that I last saw him alive on Feb. 28, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	3 weeks
Due to: Hypertension	several years
Due to:	
Other conditions: Renal insufficiency (Include pregnancy within 3 months of death)	
Major findings: Of operations: NP	
Of 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

23. Signature: S. S. Schwartz (M.D. or other) D.O.
Address: 25 E 12th Date signed: 3-3-48

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 Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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.