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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11702

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 107

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 m 7 d (Specify whether

In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller

(c) City or town Brumley 66 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME CHAS. H. HICKMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m 0

5. Color or race w

6. (a) Single, widowed, married, divorced d 3

6. (b) Name of husband or wife d/k

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

7. Birth date of deceased June (Month) 18 (Day) 1899 (Year)

8. AGE: Years 48 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business farm

FATHER
12. Name Chas Hickman
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Emma A Hall
15. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant Hospital records

(b) Address Fulton Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 7 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Gatt. Cem. - Miller

18. (a) Signature of funeral director Keith M Kays

(b) Address Eldon Mo

19. (a) Apr. 6. 1948 (Date received local registrar) (b) Josie Morsinkhoff 30 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1948 hour 5 minute 55 a M.

21. I hereby certify that I attended the deceased from , 19 , to 4/5 , 1948 that I last saw him alive on 4/5 , 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paresis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 3 OB	
Of autopsy	

PHYSICIAN — Underline the cause to 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 J Schmidt (M. D. or other) 10

Address Fulton Mo Date signed 4/5/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 21 1948

MAY 11 1948

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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.