

17-39

State File No. **13198**

National Office of Vital Statistics

FILED APR 28 1948
Registration District No. **5635**

Primary Registration District No. **5635**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **Waclede**

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

(c) Name of hospital or institution: **Conway Rt. I**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Waclede 53**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Conway Rt. I**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Everett Lavera Hicks**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**
year **1948** hour **3** minute **P.M.**

4. Sex **M** Color or race **W**

5. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **March 31 1948**
(Month) (Day) (Year)

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 **Suffocation**

8. AGE:

Years	Months	Days	If less than one day
		14	_____ hr. _____ min.

Due to _____

Due to **To metal cover**

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

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

10. Usual occupation **Waclede**

11. Industry or business _____

12. Name **Earl E Hicks**

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

14. Maiden name **Luavita Green**

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

16. (a) Informant **Earl E Hicks**

(b) Address **Conway Rt. I**

17. (a) **Rural** (b) Date thereof **4/15/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Upper cem.**

18. (a) Signature of funeral director **Polonia**

(b) Address **Polonia Mo.**

19. (a) **4-23-48** (b) **Harold Polonia**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Underline use 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 **3**

23. Signature **Polonia** (M. D. or other) _____

Address **Polonia Mo.** Date signed **4/15/48**

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

MOTHER FATHER

Received 4/27/48

Ashele County Health Unit

File No. 4-48-56

Date Filed 4/27/48

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 _____

Robert Entalmer
Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Registration District No. 170 Primary Registration District No. 5635

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

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward L. Hicha
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased March 31 (Month) (Day) (Year)

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

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country) MO

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Apr 15 1945
(c) Where did injury occur? Laclede Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature W. B. ... (M. D. or other) _____
Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

S-13198