S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1948

Registration District No. 365

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15257

Primary Registration District No. 6239

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: Near Potosi Mo. (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 Missouri (b) County Washington

(c) City or town Rural (If outside city or town limits, write "RURAL") 110

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Elmer Lewis Hicks

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

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Hicks

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Sept. (Month) 17 (Day) 1912 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	6	2	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business None

FATHER
12. Name Matt Hicks
13. Birthplace Osage Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name ~~Camden Co.~~ Mattie Hudson
15. Birthplace Camden Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Matt Hicks

(b) Address Shirley Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-48 (Month) (Day) (Year)

(c) Place: burial or cremation Near Shirley Mo.

18. (a) Signature of funeral director Mrs. Luther Sparks

(b) Address Potosi Mo.

19. (a) 4-12-48 (Date received local registrar) (b) Ella S. White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1948 hour 8 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 crushed skull

Due to affects of cyclone

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations 187-0
Of autopsy 19

Duration

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) Accident

(b) Date of occurrence 110

(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? Home (Specify type of place)

While at work? ..... (e) Means of injury 3

23. Signature T. A. Dempsey Coroner (M. D. or other)

Address Potosi Mo. Date signed 3-19-48

(Licensed Embalmer's Statement on Reverse Side)

...IVED

District Health Officer No. 4

District File Number 448-561

Date Filed 4-30-48

NOV 12 1956

MAY 7 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 Murphy L. Spurlin

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.