

No. 2
13-40
17-59
K23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 4 1948

Registration District No. 222

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2074

State File No. 18392

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 Ruth St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 315 Ruth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LUTHER LEWIS HICKS

3. (b) If veteran, name war W.W.I 3. (c) Social Security No. 490-03-0933

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucy E. 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept 26 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Marion Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian Scott Co Office Bldg.

11. Industry or business

12. Name CHARLES HICKS

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name MARY M. BRIDE

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lucy E Hicks
(b) Address Sikeston, Mo

17. (a) Burial (b) Date thereof 5-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo
18. (a) Signature of funeral director W. L. Fisher
(b) Address Sikeston, Mo

19. (a) 5-25-48 (b) Mrs R. F. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1948 hour 5 minute 30 P.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 Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations g/g

Of autopsy _____

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) _____

(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 Dr. J. Taylor (M. D. or other) _____

Address Sikeston, Mo Date signed 5-19-48

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

MOTHER FATHER

JUN 21 1948

RECEIVED

District Health Office No. 2,

District File Number 648-203

Date 6-1-48

JUN 8 1948

JUN 9 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 *Raymond Crews*
Licensed Embalmer No. *3467*
P. O. Address *Sikeston 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.