

FILED JUN 24 1948

Registration District No. 291

Primary Registration District No. 5989

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Putnam
 (b) City or town Rural Grant
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Livonia, Mo. R. F. D.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 60 yrs.
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Livonia, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Anna Frances Hicks

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Steven N. Hicks 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 5, 1864
 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation homework

11. Industry or business _____

12. Name John Foster

13. Birthplace Unk. 9.
 (City, town, or county) (State or foreign country)

14. Maiden name Lucinda Coons

15. Birthplace Unk. 9.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Heineman

(b) Address Livonia, Mo.

17. (a) B (b) Date thereof 6-6-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cem

18. (a) Signature of funeral director Marshall D. Durbin

(b) Address Unionville, Mo.

19. (a) 6-15-48 (b) Marshall D. Durbin
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 35
 year 1948 hour 5 A.M. minute 15 M.

21. I hereby certify that I attended the deceased from May 28 1948 to June 4 1948
 that I last saw him alive on June 4 and that death occurred on the same date and hour stated above.

Immediate cause of death APOPSELY

Due to HYPERTENSION

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy _____

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

25. Signature M. W. Bellum (M. D. or other) 20

Address Unionville Date signed 6-8-48

Duration
5-25-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0.2
45
7-39
K47070

RECEIVED

District Health Officer No. 1

District File Number 6-48-14

Date Filed JUN 22 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 M. E. Hustell

Licensed Embalmer No. 3307

P. O. Address Monroville, Pa

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.