

FILED JUL 19 1948

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Vineyard Park Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **four hours**
(Specify whether
In this community **16 years**
years, months or days)

3: (a) PRINT FULL NAME **CHARLES CLYDE HICKEY**
3. (b) If veteran, name war **World War I** | 3. (c) Social Security No. **none**

4. Sex **Male** | 5. Color of race **White** | 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Laura Hickey** | 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **August 24 1893**
(Month) (Day) (Year)

8. AGE: Years **54** Months **10** Days **9** | If less than one day
hr. min.

9. Birthplace **Dawn Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **Asst. for the Blind**

12. Name **Michael Hickey**

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

14. Maiden name **Genevieve Rosenberry**

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

16. (a) Informant **Mrs. Laura Hickey**

(b) Address **612 West 18th Street**

17. (a) **Burial** (b) Date thereof **July 6, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **W. H. Newman**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-6-48** (b) **Steadline Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **612 W. 18th Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3** year **1948** hour **2** minute **35** P. M.

21. I hereby certify that I attended the deceased from **July 3, 1948**, to **July 3, 1948**; that I last saw h - alive on **July 3, 1948**; and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema** Duration **24 hrs**

Due to **Secondary Bacteremia** **2 hrs**

Due to **Skin Sores on Body** **2 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None** **53**

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?

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

23. Signature **J. G. Eldon** (M. D. or other)

Address **272 W. 18th St. AC 110** Date signed **7-3-48**

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

JUL 1 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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address. Ki Ci 4 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.