FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 2 1948

Registration District No. 393

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 25135

Registrar's No. 99

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

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.: ---- (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Baby HICKS
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (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: July (Month) 15 (Day) 1948 (Year)
8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.
9. Birthplace: Sikeston, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
FATHER
12. Name: Lewis ~~Hicks~~ Hicks
13. Birthplace: Dieistadt, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lema Belle Brannon
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Lewis Hicks
(b) Address: Canalou, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Armour, Missouri
18. (a) Signature of funeral director: Orville Taylor
(b) Address: Sikeston, Mo.
19. (a) 7-23-48 (Date received local registrar) (b) Mrs. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1948 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from 7-15, 1948, to 7-16, 1948, that I last saw he alive on 7-16, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hydrocephalus	1 day
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause 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:
23. Signature: [illegible] (M. D. or other)
Address: Morehouse, Mo. Date signed: 7-22-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 148-941
Date Filed 7-29-40

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 James M. Scott

Licensed Embalmer No. .....

P. O. Address East Prairie, 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.