

No. 30-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED AUG 26 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **26364**  
Registrar's No. **3108**

Registration District No. **149**

Primary Registration District No. **1002**

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

**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: General Hospital No. 1 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 3 yrs (Specify whether years, months or days)

3: (a) PRINT FULL NAME David Hicks

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Jan. 8, 1883.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	6	20	hr. min.

9. Birthplace Sharp County Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Minister of the Gospel.

11. Industry or business Gospel.

MOTHER FATHER { 12. Name David W. Hicks

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

14. Maiden name Sarah Robinson

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

16. (a) Informant William M. Hicks

(b) Address 1826 East 9 St.

17. (a) Burial (b) Date thereof Jul. 31, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem.

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn

19. (a) 7-30-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. 2223 E. 8 St. **8**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 28  
year 1948 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 26, 1948, to July 28, 1948  
that I last saw h. im alive on July 28, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital polycystic kidneys  
Uremia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 132  
(Include pregnancy within 3 months of death)

Major findings: See above

Of operations \_\_\_\_\_

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 0 \_\_\_\_\_

Signature Wm W. Hart (M. D. or other) **0**  
Address Med. Dir. Gen'l Hosp. Date signed 7-29-48

*Dr. [unclear]  
Dr. [unclear]*

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**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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address D.C. 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.**