

0. 2
2-43
7-39
X35997

FILED NOV 18 1948

Registration District No.

Primary Registration District No. 5428

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Gerald, Missouri Rural Boone
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin ^{3/6}

(c) City or town Gerald, Missouri Rural Boone
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) Boone town ship

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM FREDERICK SICKENDICK

(b) If veteran, name war _____ (c) Social Security No. 333-03-1796

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1948 hour _____ minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of ~~husband~~ or wife Emma Sickendick 6. (c) Age of ~~husband~~ for wife if alive 57 years

7. Birth date of deceased April 4, 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 12 1948 to Oct 9 1948

that I last saw him alive on Oct 9 1948 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66 6 8 hr. _____ min. _____

9. Birthplace Gerald, Missouri U
(City, town, or county) (State or foreign country)

Immediate cause of death Coronary Occlusion

Due to Atherosclerosis

Due to Diabetes Mellitus

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

11. Industry or business _____

12. Name William Henry Sickendick

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

14. Maiden name Mary Vogt

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

Major findings: Of operations _____

Of autopsy U

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. William Sickendick

(b) Address Gerald, Missouri

17. (a) Burial (b) Date thereof Oct 11 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ev. Cemetery

18. (a) Signature of funeral director Ernest P. Oltmann

(b) Address Gerald, Missouri

19. (a) 10-14-48 (b) M. M. Lawrence
(Date received local registration) (Registrar's signature)

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? _____

23. Signature Charles Schmitt (M. D. or other) MD

Address Gerald Mo Date signed 10-13-48

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

RECEIVED
District Health Officer No. 9,
District File Number - NOV 10 1948
Date Filed

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..... *Eust L. Dittmann*

Licensed Embalmer No..... 1054

P. O. Address..... Gerald, Missouri

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.