No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 7 1948

Registration District No. 153

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3022

State File No. 36255

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Reid Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Bethany
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Myra Hook Hickman

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 9 (Day) 1881 (Year)

8. AGE: Years 67 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name W-H. Hook
13. Birthplace Lait Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Sims
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Maurine H Stone
(b) Address 2708 West Lamar Houston Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville Mo

18. (a) Signature of funeral director Joe E Wheeler
(b) Address Bethany Mo.

19. (a) Nov. 24 '48 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 23 year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Sept 11 48, 19 , to Nov 23, 1948 that I last saw her alive on December 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Streptococcus Infection	
Due to Throat ~~[illegible]~~	
General Septicemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D G Reid (M. D. or other) DO

Address Bethany Mo Date signed 11-24

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.