Form No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41125

FILED DEC 28 1948
Registration District No. 2982

Primary Registration District No. 6001

Registrar's No. 21

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

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town Rural Saline Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Huntington Mo Rt 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Huntington R.F.D. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Sarah Ellen Wike.
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 May (Month) 6th (Day) 1859 (Year)

8. AGE: Years 88 Months 7 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Jessimine County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation At Home.
11. Industry or business .....

FATHER
12. Name John Hicks
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Roare.
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant C.A. Wilke
(b) Address Huntington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ariel, Ralls Co. Mo.
18. (a) Signature of funeral director Wilson & Sons.
(b) Address Monroe City, Missouri
19. (a) 12/22/48 (Date received local registrar) (b) Clyde Wilson (Registrar's signature) D.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th year 1948 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 11, 1948 to Dec 15, 1948 that I last saw her alive on Nov 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	1 mo
Due to: Chronic Myocarditis	2 yrs
Due to: Unknown	
Other conditions: Unknown (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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 C. H. Brooks (M. D. or other) Dr.
Address Center, Mo. Date signed 12-21-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-48-219
Date Filed DEC 24 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 Charles V Greening Registered Apprentice No. 214 working under my personal supervision.

Signed Leslie L Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.