

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4475

State File No.

No. 300

10.48..

BIRTH NO. _____		REG. DIST. NO. <u>5442</u>		PRIMARY REG. DIST. NO. <u>777</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Gasconade</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Richland</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Gasconade</u>	
c. LENGTH OF STAY (In this place) <u>80 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Richland</u>		d. STREET ADDRESS <u>2 mi. N. W. of Pershing</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. N. W. of Pershing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. N. W. of Pershing</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi. N. W. of Pershing</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HENRY</u>		b. (Middle) <u>FERDINAND</u>		c. (Last) <u>KICKER</u>	
4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>12</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 13-1868</u>		9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Wm Kicker</u>		13b. MOTHER'S MAIDEN NAME <u>Whilmina Bunte</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Hemeyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sam Kessler, Morrison, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>None</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertension</u>					
		DUE TO (c) <u>Senility</u>					
		11. OTHER SIGNIFICANT CONDITIONS <u>None</u>					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-13, 1949</u> , to <u>2-12, 1949</u> that I last saw the deceased alive on <u>2-11, 1949</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard Workman M.D.</u>				23b. ADDRESS <u>Hermann Mo</u>		23c. DATE SIGNED <u>2-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Ev. & Ref. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pershing Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/14/49</u>		REGISTRAR'S SIGNATURE <u>W. M. Mendenhall</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hugost. Stumm</u>		ADDRESS <u>Hermann, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date 3-7-19

District No. 9

RECEIVED

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed _____

August Olemer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.