

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15925

2276

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		b. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>U.S.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo 1</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3 10 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Kansas City T.B. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1517 LYDIA AVE</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>WILLIAM</u>			b. (Middle) <u>HICKMAN</u>			c. (Last) <u>HICKMAN</u>	
6. COLOR OR RACE <u>Male 2 Negro</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			8. DATE OF BIRTH <u>May 7 - 1907</u>	
9. AGE (In years last birthday) <u>42</u>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Barber shop</u>	
11. BIRTHPLACE (State or foreign country) <u>Booneville Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Clarence Hickman</u>	
13b. MOTHER'S MAIDEN NAME <u>Dorris Glice</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie Hickman</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>Unk.</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Hickman</u>			ADDRESS <u>1517 Lydia</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c) <u>Pulmonary Tuberculosis</u>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS <u>DUPLICATE</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
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>April 26, 1949</u> , to <u>May 22, 1949</u> , that I last saw the deceased alive on <u>May 22, 1949</u> , and that death occurred at <u>4:25 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George K. Landis, M.D.</u>				23b. ADDRESS <u>Kansas City, Mo.</u>			
23c. DATE SIGNED <u>5/26/49</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>5/26/49</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Wegland</u>			
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Heraldine Holmes</u>			
DATE REC'D BY LOCAL REG. <u>5-25-49</u>				REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros.</u>				ADDRESS <u>1529 Lydia</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. 327

working under my personal supervision.

Student Ernest Lilly
Student Embalmer

Signed

J. Jerome Munroe

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.