

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
 c. LENGTH OF STAY (in this place) 29 YEARS
 d. FULL NAME OF HOSPITAL OR INSTITUTION: 119 NORTH BALS AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI b. COUNTY JACKSON
 c. CITY OR TOWN KANSAS CITY
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 119 NORTH BALS AVENUE 3048

3. NAME OF DECEASED (Type or Print) a. (First) FANNIE b. (Middle) LEMMON c. (Last) HICKOK
 4. DATE OF DEATH (Month) (Day) (Year) JUNE 25, 1954

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH AUG. 13, 1870 9. AGE (In years last birthday) 83 UNDER 1 YEAR Months UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) LIBERTY, MISSOURI 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME RICHARD RINGO 13b. MOTHER'S MAIDEN NAME AMENOA RICHARDSON 14. NAME OF HUSBAND OR WIFE HILLIARD HICKOK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. F. Hickok 414 N. Lawn

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIO-PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) METASTATIC TUMORS IN LUNG (COLON) 2 MONTHS
 DUE TO (c) CARCINOMA OF BOWEL 9 MONTHS
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. 153X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from MAY 5 1954 to JUNE 25, 1954, that I last saw the deceased alive on MAY 5, 1954, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Robert L. Ward (Degree or title) WARD 23b. ADDRESS 1002 ARGYLE BLDG. 23c. DATE SIGNED 6-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 24b. DATE 6-27-54 24c. NAME OF CEMETERY OR CREMATORY Law. Newcomer's - KANSAS CITY, MO 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. 6-26-54 REGISTRAR'S SIGNATURE Sheraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. H. Newcomer 1331 BRUSH STREET KANSAS CITY, MISSOURI

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. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard H. Rogers*

Licensed Embalmer No. *49*

P. O. Address *Lawson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.