

Registration District No. 137

Primary Registration District No. 5508

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Depuewater Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community ✓
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County Henry
(c) City or town Rural Depuewater Mo
(d) Street No.
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Joseph Antoine Fick

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced, married married
6. (b) Name of husband or wife Barbara 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased (Month) 12 (Day) 24 (Year) 1882

8. AGE: Years Months Days If less than one day
61 11 7 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Joseph Fick
13. Birthplace Germany
14. Maiden name Jander
15. Birthplace Germany

16. (a) Informant Mrs. Joseph A. Fick

(b) Address Montrose Mo

17. (a) Burial (b) Date thereof 12-4-1944
(c) Place: burial or cremation Montrose Mo

18. (a) Signature of funeral director Welling Bros.

(b) Address Montrose Missouri

19. (a) December 7, 1944 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st
year 1944 hour 10 minutes 10 A.M.

21. I hereby certify that I attended the deceased from November 13, 1944 to November 26, 1944
that I last saw him alive on November 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of suprarenal gland 1 year

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 55a
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury ?

23. Signature Edward Barrett (M.D. or other) D.O.
Address Opplinton City Mo Date signed Dec 3, 1944

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-44-1468

Date Filed _____

460

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 me
or the first day of Dec. 1944, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton 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.