

FILED OCT 22 1945

Registration District No. 102

Primary Registration District No. 2023

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
706 S. Washington St 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 all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Clinton Missouri 1
(If outside city or town limits, write "RURAL")

(d) Street No. 706 S. Washington St 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT, LEE BRICKER

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased May 22 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

4	9		hr. min.
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9. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Perm Hardin Bricker

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

14. Maiden name Orthy de Campbell

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

16. (a) Informant Orthy Bricker

(b) Address 706 S. Washington St

17. (a) Rural (b) Date thereof 10-1-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consalus + Beck

(b) Address Clinton Missouri

19. (a) 10-1-1945 (b) R. R. Henney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1945 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on arrival
and that death occurred on the date and hour stated above.

Immediate cause of death Baby found dead in bed apparently suffocated by death
Due to bed clothes

Due to _____

Other conditions 18 19
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 1/2

(b) Date of occurrence Sept 30, 1945

(c) Where did injury occur? Clinton Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury bed clothes

23. Signature R. R. Henney Registrar's Name, D. or other
Address Clinton Mo. Date signed 10/1/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1457

OCT 24 1945

RECEIVED

No. 7,

9-40-1023

10-19-45

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed P. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.