

JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22305

Do not use this space.

1. PLACE OF DEATH

(a) County MoniteauRegistration District No. 571(b) Township Walker
or California. Mo.Primary Registration District No. 4335(c) City California. Mo.(d) Street No. 5

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 20 yrs. 2 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Herman Hickcox(a) Residence, No. California. Mo.St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFAmanda Morten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 25. 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.7557

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.General Laborer10. Date deceased last worked at
this occupation (month and
year) 2 days11. Total time (years)
spent in this
occupation 65 Yrs12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Olean. Mo.,
Miller. Co.,

FATHER

13. NAME Elica Hickcox14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

MOTHER

15. MAIDEN NAME Sallie Latham16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri17. INFORMANT
(ADDRESS)Leonard Russell
3370 Robinson St. E. Eureka, Mo.

18. BURIAL

PLACE Crown Hill Cemt. DATE June. 3, 194019. FUNERAL DIRECTOR (NAME)
(ADDRESS)Bowlin Funeral Home
California. Mo.

20. FILED

6-3-1940 H.R. Popejay
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

6-1-194022. I HEREBY CERTIFY, That I attended deceased from
5-30-1940 to 6-1-1940I last saw him alive on 5-30-1940. Death is said
to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation NoneDate of June 1, 1940What test confirmed diagnosis? Cholera Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury June 1, 1940Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) H.R. Popejay504 (Address) California. Mo. M. D.

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

Earl R. Boulton

Licensed Embalmer No.

2126

P. O. Address

California

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, above space should be left blank.