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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27809
Registrar's No. 1223

Registration District No. 221

Primary Registration District No. 5293

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

1. PLACE OF DEATH:

(a) County MONITEAU
(b) City or town GINN Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU ⁶⁸
(c) City or town RURAL GINN Twp ⁰
(If outside city or town limits, write "RURAL") ⁰
(d) Street No. _____
(If rural, give location) ⁰
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT/FULL NAME LOYETA FAYE HICKS
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 12
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from July 21, 1946 to Aug 12, 1946
that I last saw him alive on Aug 11, 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 7 - 5 - 1946
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____
Broncho Pneumonia etc
Due to Cholera morbus etc
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years _____ Months 1 Days 8 If less than one day _____ hr. _____ min.
9. Birthplace MISSOURI (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name GEORGE HICKS
13. Birthplace MISSOURI
14. Maiden name LUCKIE GALGHER
15. Birthplace MISSOURI
16. (a) Informant Geo Hicks
(b) Address Lopus mo
17. (a) Burial (b) Date thereof 8-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HICKAM CEM.
18. (a) Signature of funeral director CALBERT HORNORCK
(b) Address PAULIE HOME MO.
19. (a) 8-15-46 (b) yada m snow
(Date received local registrar) (Registrar's signature)

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A R Meredith Date signed 8/14/46
Address Prussia Pa

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed

C. Albert Hornbeck

Licensed Embalmer No. _____

2714

P.O. Address _____

Prairie Home 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.

Registration District No. 221

Primary Registration District No. 5793

1. PLACE OF DEATH:

(a) County monroe
(b) City or town Sumner
(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.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Loreta J. Hicks

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased July 5, 1942
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-15-46 (b) Gada M. Snow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1942 hour _____ minute _____ M.

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

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

- Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____
(City or town) (County) (State)

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

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

27809