

1 AUG 25 1938

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

25768
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 1467
(b) Township Aurora Primary Registration District No. 5228
(c) City (d) Street No. St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jess Crawford Rickman

(a) Residence, No. 2 miles N. E. Aurora Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bell Rickman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Barry County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME William Rickman

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Stewart

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Mrs Bell Rickman
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE July 8 1938

19. FUNERAL DIRECTOR King Funeral Home
(ADDRESS) Aurora Missouri

20. FILED D-7 1938 Dr. W. Cowan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6 1938, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16 1938 to June 6 1938
I last saw him alive on July 4 1938 Death is said to have occurred on the date stated above, at 6:30 AM
The principal cause of death and related causes of importance were as follows:

Hodgkins disease
72 1/2
Date of onset not known

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Wm Smith M. D.
(Address) 121 W Pleasant Aurora Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1204

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.

working under my personal supervision.

Signed

J. F. King

Licensed Embalmer No.

3529

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.)