

REC'D MAR 16 1939

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

7907

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
(b) Township _____ Primary Registration District No. 3038 Registered No. 36
(c) City Marshall (d) Street No. Fitzgibbons Hospital 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

James Francis Tickemeyer Jr.
(a) Residence, No. Marshall, Mo. Route # 3. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
I IO 2I

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME James Francis Tickemeyer

14. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Susie Brown

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

17. INFORMANT (ADDRESS) James F. Tickemeyer
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel Cem. DATE Feb. 26, 1939

19. FUNERAL DIRECTOR (NAME) Campbell-Lewis
(ADDRESS) Marshall, Mo.

20. FILED 2-25-39 Mary Kent
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1939, to Feb 23, 1939.

I last saw him alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 8 P. m.

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

Bronchial Pneumonia Date of onset Feb 14

Other contributory causes of importance: 7

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Mary Kent, M. D.
(Address) Marshall, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3/10/39

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, _____

R. W. Campbell

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

R. W. Campbell

Licensed Embalmer No. *3469*

P. O. Address *Marshall, 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, above space should be left blank.