

REC'D SEP 8 1939

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

29051
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 487
(b) Township Clay Primary Registration District No. 5405
(c) City (d) Street No.
(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

(a) Residence, No. 2nd Charles Eugene Hicks 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 - 1936
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 1 27

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
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hammersville Mo.

FATHER 13. NAME Melvin Hicks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooksville Tenn.

MOTHER 15. MAIDEN NAME Dessie Lincoln
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo.

17. INFORMANT (ADDRESS) Melvin Hicks
Hammersville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel DATE Aug. 20 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Emerson Bur
8/19 39 Hazel, Mo.

20. FILED 8/19 39 Local Registrar. 260

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-39
22. I HEREBY CERTIFY, That I attended deceased from 8-19 1939 to 8-17 1939
I last saw h..... alive on 8/19 1939. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:
Surgical Septicemia Date of onset 8-10
Other contributory causes of importance: 10

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) Dr. J. P. ..., M. D.
(Address) Hammersville

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.

RECEIVED

District Health Officer No. 3,

District File Number 939-539

Date Filed 9/6/39

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.