

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44755
Registrar's No. 201

Registration District No. 796 Primary Registration District No. 3038

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution: Fitz Gibbons Hosp
(d) Length of stay: In hospital or institution 3 days
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline
(c) City or town Rural
(d) Street No. Near Shackelford
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Lucretia A. Tickemyer
3. (b) If veteran, name war 3. (c) Social Security No. 256

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 9
year 1939 hour 5:40 minute 0 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Henry Tickemyer
6. (c) Age of husband or wife if alive 1850 years

21. I hereby certify that I attended the deceased from Dec. 2, 1939, to Dec. 9, 1939
that I last saw her alive on Dec. 8, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 3 Days 9
If less than one day hr. min.

Immediate cause of death Tubercular pneumonia Duration 8 days

9. Birthplace Madison Co Va.

Due to 108

10. Usual occupation House Keeper

Other conditions (include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business 1
12. Name Jonah Weaver
13. Birthplace Madison Va.
14. Maiden name Eliza Ginterbuch
15. Birthplace Madison Va.

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

16. (a) Informant's own signature Mrs. Mary Kane
(b) Address Marshall Mo.

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

17. (a) Burial (b) Date thereof Dec 11 1939
(c) Place: burial or cremation Ridge Park

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

18. (a) Signature of funeral director John Short
(b) Address Marshall Mo.
19. (a) 12-11-39 (b) Mary Kane
(Date received local registrar) (Registrar's signature)

23. Signature J. Manning (M. D. or other)
Address Marshall Mo. Date signed 12/9/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/2/40

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 Donald W. Sheet

Licensed Embalmer No. 3757

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.