

FILED MAR 7-1940

Registration District No. **689**

Primary Registration District No. **3033**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Louisiana, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pike Co. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether
 In this community _____
years, months or days)

8. (a) PRINT FULL NAME Charles Sumner Wickerham

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 12, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 21 hr. _____ min.

9. Birthplace Springfield, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Hawkins Wickerham
 13. Birthplace Versailles, Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Eubanks
 15. Birthplace Peoria, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Maria Wickerham
 (b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof 7 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Cemetery

18. (a) Signature of funeral director Marcel Bankhead
 (b) Address Bowling Green, Mo.

19. (a) 314-40 (b) F. H. Kelly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
 (c) City or town Bowling Green, Mo. (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
 year 1940 hour 1:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from January 29, 1940 to Feb 3, 1940
 that I last saw him alive on February 2, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Due to Lobar pneumonia
 Due to Exposure
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 106
 Of operations _____
 Of autopsy _____

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? 1

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

23. Signature [Signature] (M. D. or other) [Signature]
 Address Louisiana, Mo. Date signed 7/4/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Rev. 5-17-39
 Bureau Form No. 1 x19311

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. 10

District File Number 3-40-493

Date Filed MAR 5 1940

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 Grace Bonshard

Licensed Embalmer No. 4704

P. O. Address Bowling Green, 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.