

FILED MAY 10 1940

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

13941

Do not use this space.

1653

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City K.C. Mo. (d) Street No. Wesley Hospital St.
 (e) Length of residence in city or town where death occurred Wesley Hospital yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Sophie W. Ficke Sophie W. Ficke
 (a) Residence, No. Chilhowee 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>B. A. Ficke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 18, 1887</u>		
7. AGE YEARS <u>52 years</u>	MONTHS <u>5 mo.</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin County Mo.</u>		
FATHER	13. NAME <u>Norman Plattmann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Anne Weymiller</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin County</u>	
17. INFORMANT (ADDRESS) <u>Husband - B. A. Ficke Chilhowee Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chilhowee, Mo.</u> DATE <u>4-20-40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>O. L. Lewis Chilhowee Mo.</u>		
20. FILED <u>4-18-1940</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1940 to April 18, 1940
 I last saw her alive on April 18, 1940 Death is said to have occurred on the date stated above, at 8:40 P. M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic
following
thyroidectomy
Hyperthyroidism
 Other contributory causes of importance: 668

Name of operation Thyroidectomy Date of Apr. 16, 1940
 What test confirmed diagnosis? Examination 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) J. A. Mackey M. D.
 (Address) Wesley Hospital K.C. Mo.

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.