

No. 2  
11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH.

State File No. 38276

DEC 12 1940

Registration District No. 89

Primary Registration District No. 5181

Registrar's No. 348

1. PLACE OF DEATH:

(a) County Butler County  
(b) City or town Rural n.p. 13  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 months years, months or days \_\_\_\_\_ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

8. (a) PRINT FULL NAME MAY WICKS

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

4. Sex Female 5. Color or race Caucas 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jack Wick (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct 16 1884 (Month) (Day) (Year)

8. AGE: Years 56 Months — Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Columbus Miss (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In her name

12. Name Hawthorn Jones

13. Birthplace Columbus Miss (City, town, or county) (State or foreign country)

14. Maiden name Martha Granger

15. Birthplace Columbus Miss (City, town, or county) (State or foreign country)

16. (a) Informant Wallace Washington

(b) Address Malden RR 2 Mo

17. (a) Burial (b) Date thereof Nov. 10, 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morocco cemetery

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Berlin, Mo.

19. (a) 11/15/40 (b) Chittinger (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1940 hour 8 minute 30a M.

21. I hereby certify that I attended the deceased from Jan 4 1940 to Nov 9 1940 that I last saw her alive on Nov 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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? \_\_\_\_\_

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

23. Signature W. A. Cooper M.D. (Specify type of place) (e) Means of injury \_\_\_\_\_ Address Paylor Bluff Mo Date signed 11-20-40

Duration 8 days  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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.**