

Registration District No. 863

Primary Registration District No. 6137

Registrar's No. 6

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Rural Piney Bl.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 107
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME HARRY RICKARD

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

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

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

7. Birth date of deceased Nov. 5 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 2 3 hr. min.

9. Birthplace Stratford 1 this
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Edgar Rickard
18. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Emma Johnson
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Lola Crawford
(b) Address Bato, Mo.

17. (a) Burial (b) Date thereof 1/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dykes

18. (a) Signature of funeral director Harold V. Elliott

(b) Address Houston, Mo.

19. (a) Jan 9 1941 (b) Mabel Shacklett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1941 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1941, to Jan 8, 1941;
that I last saw him alive on Jan 8, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration unknown

Due to Chronic Interstitial nephritis unknown

Due to _____

Other conditions 12/0
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature Henry R. Pospisil (M.D. or other) MD.
Address Houston, Mo. Date signed 1-9-41

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

RECEIVED

District Health Officer No. 5,

District File Number 24/25-2

Date Filed _____

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.