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7. 5-17-39  
X26390

10921

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 15 1942

Registration District No. 379

Primary Registration District No. 5529

Registrar's No. 3

45  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural - Chariton Twp  
(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 \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME WILLIAM SICKMAN

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 \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

7. Birth date of deceased May 5 1927  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

14 9 10 hr. min.

9. Birthplace Kansas City Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation School & Farming

11. Industry or business Farming

12. Name Albert Sickman

13. Birthplace Warren County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Cecilia Heville Sickman

15. Birthplace Glasgow Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Sickman

(b) Address Glasgow Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Mar 7 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Glasgow Mo.

18. (a) Signature of funeral director Wendley-Friemuth

(b) Address Glasgow Mo.

19. (a) 3-7-42  
(Date received local registrar)

(b) Thomas D. Henry  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Howard 045

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th  
year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning Duration Sudden

Due to Accident

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

Other conditions none 183-3  
(Include pregnancy within 9 months of death)

Major findings: Of operations none 36

Accidental Drowning

Of autopsy \_\_\_\_\_

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) Accident

(b) Date of occurrence May 5th 1942 045

(c) Where did injury occur? in River Howard Co Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in Mo. River east town  
(Specify type of place)

While at work? no (e) Means of injury Accident

23. Signature J. C. Richards (M. D. or other) \_\_\_\_\_  
Address Hazlett Mo Date signed 4-6-42

1224 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number ~~XXXXXXXXXX~~

Date Filed 4-14-42

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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: *J. Walker Audsley*

Licensed Embalmer No. 3336

P. O. Address Glasgow 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, fact should be so stated above.