

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED MAY 20 1942

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 129

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

4
1
2

1. PLACE OF DEATH: Callaway
 (a) County _____
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital 2012
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Callaway
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL")
 (d) Street No. County Infirmary
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME B.F. RICKMAN
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 16
 year 1942 hour 11 minute 55 A. M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced wid. 2
 (b) Name of husband or wife D.R.
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: July 1 1861
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10
 1942, to April 16 1942
 that I last saw him alive on April 16 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 10 15 hr. _____ min.

Immediate cause of death: Lobar pneumonia
Chronic myocarditis
 Due to _____
 Due to _____

9. Birthplace: Saline Co. Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation: Cabinet Maker

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 108
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name James Rickman
 13. Birthplace North Carolina
 (City, town, or county) (State or foreign country)
 14. Maiden name: Sarah Ade
 15. Birthplace South Carolina
 (City, town, or county) (State or foreign country)
 16. (a) Informant: Records
 (b) Address _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 4 17 42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Prairie Chapel
 18. (a) Signature of funeral director Elmer Y. Mangin
 (b) Address 900 Cent St. Fulton, Mo
 19. (a) 4-17-1942 (b) James Moravukhoff
 (Date received local registrar) (Registrar's signature)

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: Joseph Imperatore (M. D. or other) M. D.
 Address Fulton Mo Date signed April 16

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.

Not Embalmed

Signed..... *Glen Y. Mansini*.....

Licensed Embalmer No. *29125*

P. O. Address *Fulton, Me*

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: