

FILED JUN 17 1942 68

Registration District No. 68

Primary Registration District No. 3032

Registrar's No. 189

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

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Sedalia City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
405 W 5th 01
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 605 W 5th
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME

Belinda Eliza Ricks

3. (b) If veteran,

name war _____

(c) Social Security

No. _____

4. Sex Fe. 1 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept - 6 - 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 11 hr. min.

9. Birthplace Putnam Co. Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Ricks

13. Birthplace Mo 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Hanning

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Samuel Spricker

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 5-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point

18. (a) Signature of funeral director W. J. Bishop
(b) Address Sedalia Mo

19. (a) 5/18/42 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1942 hour _____ minute _____ M.

21. I hereby certify that I viewed the deceased from 5-17-42 19____ to 19____
that I last saw him alive on 19____
and that death occurred on the date and hour stated above.

Immediate cause of death trauma from broken neck, broken arm and other injuries sustained in automobile accident
Due to _____

Due to being struck by moving automobile
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 170° pt.
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) Accident 132

(b) Date of occurrence 5-17-1942

(c) Where did injury occur? Sedalia Putnam Mo
(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 3

23. Signature W. J. Bishop Coroner (M. D. or other)

Address Sedalia Mo Date signed 5-18-42

RECEIVED

District Health Officer No. 8,
District File Number _____

Date Filed 6-10-42

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 L. E. Bouldin

Licensed Embalmer No. 9867

P. O. Address. Seaside, 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.