

FILED SEP 22 1942

Registration District No. 59

Primary Registration District No. 5135

Registrar's No. 298

1200

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Fisk, R. 1. Ash Hill Twp
(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..... (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Fisk, Mo. R. 1.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Emma Lee Wicks,

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1942 hour 12 minute Noon M.

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

6. (b) Name of husband or ~~wife~~ George H. Wicks, 6. (c) Age of husband or wife 61 years

7. Birth date of deceased July, 13, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1942 to Sept 13, 1942 and that I last saw her alive on Sept 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction & chronic myocarditis & essential hypertension

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

56 1 30 hr. min.

Due to cause of nephritis, undetected

Due to.....

Other conditions (Include pregnancy within 3 months of death) 12/10

9. Birthplace Crittendon Co. Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Major findings: Of operations none Of autopsy none

12/10

MOTHER FATHER

11. Industry or business.....

12. Name A. C. Penrod

13. Birthplace Crittington Co. Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Lecinda Nucomb

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

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?.....

16. (a) Informant George H. Wicks,

(b) Address Fisk, Mo. R. 01

17. (a) Burial (b) Date thereof 9.14.42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Hill

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) 9-14-42 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

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

23. Signature J. M. Ketchum (M. D. or other).....

Address 176 3/4 S. 3rd St. Fisk, Mo. Date signed 9-14-42

RECEIVED

District Health Office No. 2,

District File Number 942-120

Date Filed 9-21-42

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.....

B. J. Brentlinger

Licensed Embalmer No.....

4201

P. O. Address.....

Deper, 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.