

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10198

State File No.

APR 8 1943
Registration District No. 20

Primary Registration District No. 4198

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Henry
(b) City or town King City, Mo.
(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 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 38
(c) City or town King City, Mo. 2
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ARTHUR G. FICKLIN

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married 1
6. (b) Name of husband or wife Frances A. Ficklin 6. (c) Age of husband or wife if 64
7. Birth date of deceased Jan 17 1874 alive 64 years
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 2 3 hr. min.

9. Birthplace Bath County Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
{ 12. Name Thomas Ficklin
13. Birthplace Bath County Ky. 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Y. Young
15. Birthplace Bath County Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Frances A. Ficklin
(b) Address King City, Mo.

17. (a) Burial (b) Date thereof Mar 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation King City, Mo.

18. (a) Signature of funeral director Charles M. Wilson
(b) Address King City, Mo.

19. (a) Mar 22 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1943 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from 10 to March 20 1943
that I last saw him alive on March 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration Sudden
Due to Coronary Arteriosclerosis 1 hr.
Due to sinus arteriosclerosis 4 hrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: g4w PHYSICIAN
Of operations
Of autopsy

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) (c) Mechanism of injury
23. Signature [Signature] (M. D. or other) M.D.
Address King City, Mo. Date signed 3/21/43

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

SEP 9 1943

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.....

Lucile M. Wilson

Licensed Embalmer No. *2830*

P. O. Address.....

King City, 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.