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

Silhan 953

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 25 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17689

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 107

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24hrs (Specify whether
In this community 20 ysr
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 26 5 7

(a) State Missouri (b) County Cole

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

(d) Street No. 2301 West Main St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles L. Wickham

3. (b) If veteran, name war No.

3. (c) Social Security No. 702-14-4238

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nillee

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Jan. 15, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	4	6	hr. min.

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

10. Usual occupation Brakeman & Conductor M.P.

11. Industry or business

FATHER
12. Name Joseph Wickham
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Ordway Cunningham
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosemary Ekstam
(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43
(Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.

19. (a) 5-24-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from 5-20, 1943, to 5-21, 1943;
that I last saw him alive on 5-20, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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

23. Signature R. W. Gillham (M. D.)
Address Jefferson City, Mo. Date signed 5-22-43

409.0
5/43

8921

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1949

JUN 16 1948

MAY 25 194

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.