

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30348

State File No.

Registrar's No. 18

FILED OCT 21 1945
Registration District No.

Primary Registration District No. 5286

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Wyerscanda - Rural
(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 life
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clark
(c) City or town Wyerscanda - Rural
(d) Street No.
(e) Citizen of foreign country? no
If yes, name country

3. (a) PRINT FULL NAME Jacob A. Wickham
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (b) Name of husband or wife Molly Wickham
7. Birth date of deceased Oct. 9 - 1862

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 28
year 1945 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from Sept 25 45 to Sept 28 45
that I last saw him alive on Sept 26 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 11 Days 9
9. Birthplace Keokuk Iowa
10. Usual occupation Farming

Immediate cause of death Cerebral Hemorrhage
Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy B30

MOTHER FATHER
11. Industry or business
12. Name James M. Wickham
13. Birthplace Zanesville Ohio
14. Maiden name Elizabeth Harmon
15. Birthplace Ohio
16. (a) Informant Alva Wickham
(b) Address Kahoka Mo
17. (a) Burial (b) Date thereof Oct 1 - 1945
(c) Place: burial or cremation Wyerscanda Co
18. (a) Signature of funeral director W. B. Bridges
(b) Address Kahoka Mo
19. (a) 10/1-45 (b) J. K. Bridges
(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?
(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 W. B. Bridges (M. D. or other)
Address Kahoka Mo Date signed

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

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..... *Oli L. Luttinger*.....
Licensed Embalmer No..... *29657*.....
P. O. Address..... *Wray 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.