

FILED APR 10 1946
Registration District No. 49

Primary Registration District No. 5175

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

1. PLACE OF DEATH:

(a) County Candor
 (b) City or town Wacks Creek rural
 (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 50 yrs years, months or days

3. (a) PRINT FULL NAME ROSETTA MATILDA RICKER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Phillip Ricker 6. (c) Age of husband or wife if alive 83 years
 7. Birth date of deceased March 11 1864
 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 6 If less than one day
 hr. _____ min. _____

9. Birthplace unknown (City, town, or county) (State or foreign country) 49

10. Usual occupation housekeeper

11. Industry or business _____

MOTHER { 12. Name William Claborn

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

14. Maiden name Elizabeth Michael

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

16. (a) Informant Louise Ricker

(b) Address Wacks Creek Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation Wopeness

18. (a) Signature of funeral director L B Jones

(b) Address Burgess Mo

19. (a) 3-1-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Candor
 (c) City or town Wacks Creek rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
 year 1946 hour _____ minute 12 A. M.

21. I hereby certify that I attended the deceased from Dec 17th 1945 to Feb 17th 1946;
 that I last saw her alive on Feb 5th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions arterio sclerosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 430

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) _____

(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) (e). Means of injury 0

23. Signature [Signature] (M. D. or other)

Address Wacks Creek Mo Date signed 3/1/46

RECEIVED

District Health Officer No. 7,

District File No. 3-46-352

Date Filed 4-10-46

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 Wm B Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo 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.