S. No. 2
M—2-43
. 5-17-39
P1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27327

State File No. 27327

FILED AUG 27 1946

Registration District No. 119 Primary Registration District No. 1002 Registrar's No. 3518

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1223 Prospect /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 4 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County 999

(c) City or town Needles 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1210 Broadway 1
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country No

3. (a) PRINT FULL NAME ERNEST H. RICKSON

3. (b) If veteran, name war No

3. (c) Social Security No. 223-12-6175

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased October (Month) 16 (Day) 1898 (Year)

8. AGE: Years 47 Months 9 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Contractor

11. Industry or business Sante Fe

FATHER
12. Name R. M. Rickson
13. Birthplace Bristol Virginia / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Boplit
15. Birthplace Clinton, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant H. R Rickson
(b) Address 5300 Tracy K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion, Missouri

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 8-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14th year 1946 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 29th, 1946, to Aug 10, 1946 that I last saw him alive on Aug 10th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac exhaustion & failure	
Chronic myocarditis	
Due to Chronic colitis with diarrhea for last seven years.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 d
Of autopsy

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 0

23. Signature Hollis L. Thomas (M. D. ~~or other~~)
Address 926 Mo. Gee. KC Mo Date signed 8/14/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.