DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36187

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1339

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3205 Renick
(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): 45 years

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 3205 Renick 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Frank B. Wickizer

3. (b) If veteran, name war: Spanish-Amer.

3. (c) Social Security No.: 488-14-9369 ~~None~~

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Eliza Wickizer

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: February (Month) 20 (Day) 1866 (Year)

8. AGE: Years 80 | Months 9 | Days 9 | If less than one day: hr. min.

9. Birthplace: Aurora (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Editorial Writer

11. Industry or business: News Press

12. FATHER
Name: August Wickizer
Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

13. MOTHER
Maiden name: Eliza Meyers
Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. Informant: Mrs. Frank B. Wickizer
Address: St. Joseph, Mo.

17. Burial (Burial, cremation, or removal) (b) Date thereof 12/2/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Heaton Bo Jab & Bowman
(b) Address: St. Joseph, Mo.

19. (a) Dec. 4, 1946 (Date received local registrar) (b) C. C. Jenkins by Jacque Mann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1946 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from 11-1- 1946 to 11-29- 1946 that I last saw him alive on 11-29-1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Prostate Gland — Duration: 1 yr. 1 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 518

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: N. C. Senne (M. D. or other)
Address: 207 P&S Bldg. St. Joseph, Mo. Date signed 11-30-46

(Licensed Embalmer's Statement on Reverse Side)

Corr. by Aff. Dec. 24, 1946 Helen Hale

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

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FEB 6 1947

JAN 9 1947

DEC 10 1945

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 South St Joseph

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Buchanan

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17 day of December, 1946, before me appears Mrs. Frank B. Wickizer, who, upon her oath, states that the original record of ~~birth~~ death for Frank B. Wickizer died November 29, 1946, in the State of Missouri, and which was filed at St. Joseph, Mo. on Dec. 2, 1946, should be corrected as follows:

Item No. 3-C should read 488-14-9369

Instead of 0

Item No. 6-B should read Cecil

Instead of Eliza

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Cecil Wickizer Wife
Relationship.

3205 Renick St., St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 17th day of December, 1946.

My Commission Expires Oct. 18, 1950

My Commission expires Alouise Bowman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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—4-43
X36667

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JAN 9 1947