No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28200

FILED SEP 15 1947
Registration District No. 7

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon /
(If outside city or town limits, write "RURAL")
(d) Street No. 106 Taylor 2
(If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Wicks
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella Wicks
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	11	20	hr. min.

9. Birthplace Indiania /
(City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
MOTHER FATHER
12. Name Mathias Wicks
13. Birthplace North Carolina /
(City, town, or county) (State or foreign country)
14. Maiden name Lorene Jackson
15. Birthplace North Carolina /
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ella Wicks
(b) Address 106 Taylor ave Lebanon Mo.
17. (a) Burial (b) Date thereof 8-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Graceland Cemetery Conway Mo.
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.
19. (a) Sept 6, 1947 (b) Orq Frankeberger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1947 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from June 15, 1947 to Aug 22 1947 that I last saw ~~him~~ alive on Aug 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiovascular Renal disease	ink
Due to: Hypertension	yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: ND	
Of autopsy: ND	

PHYSICIAN
Underline the cause of 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 James L. Hope, M. D. or other
Address Lebanon Mo. Date signed 9/2/47.

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 9/12/47

Laclede County Health Unit

File No. 8-47-142

Date Filed 9/13/47

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.