

S. No. 2
OM-43
v. 5-7-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32004

FILED OCT 7 1947
270

State File No. _____

Registration District No. _____

Primary Registration District No. 3060

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Peniscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1102 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peniscot 78
(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 1102 Madison 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Howard Rickett

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced X

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

7. Birth date of deceased September 24, 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation X

11. Industry or business X

MOTHER FATHER

12. Name Herman Rickett

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

14. Maiden name Tha Castile

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

16. (a) Informant Herman Rickett

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 9/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director Tha Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 10/3/47 (b) Wesley B. Wilks
(Date received by registrar) (Registrar's signature) 21/69

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1947 hour 10 minute _____ P. M.
21. I hereby certify that I attended the deceased from 9-24-47
to 9-26-, 1947
that I last saw him alive on 9-26-, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pneumonia
Due to occlusion of
bronchial tree due to
Due to aspiration of
fluid & fecal matter
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Pneumonia localized
of bronchial tree, rt.

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 _____

23. Signature Dr. J. C. Cook (M. D. or other) _____
Address Caruthersville, Mo. Date signed 9-29-47

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

10-47-377

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.....

Body was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *James A. Osburn*.....

Licensed Embalmer No. *4185*.....

P. O. Address *Parishville, 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.