

FILED JAN 14 1948

Registration District No. 139

Primary Registration District No. 4249

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Hillsboro
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Cedar Grove Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos.
(Specify whether years, months or days)

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased October 13 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 3 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name John Rickus
13. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Meyer
15. Birthplace Pilot Knob Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Rickus
(b) Address Farmington, Missouri

17. (a) burial (b) Date thereof 12/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K-P Cem. Farmington, Mo.
18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo.

19. (a) 12/29/47 (b) Harlean Marston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Farmington 4
(If outside city or town limits, write "RURAL")
(d) Street No. 515 S. Washington 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1947 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from August 8,
1947, to December 16, 1947;
that I last saw him alive on December 15, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of colon, with metastases to liver.
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration
10 1/2 years.

Major findings:
Of operations.....
Of autopsy.....
46E

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)
(c) Means of injury.....
23. Signature Thomas A. Howell (M. D. or other) MD.
Address Desoto, Mo. Date signed 12-17-47

Date Filed 1/13/48

District File Number _____

District Health Officer No. 9

RECEIVED

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 Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.