S. No. 2
—11-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1948

Registration District No. 360

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 18493

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washington Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital #3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 yr 4 mo 16 days (Specify whether years, months or days)

In this community 19 years 4 months 16 days

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County Jasper

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

(d) Street No. Jasper Co Home (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

49 0 0 0 1

8. (a) PRINT FULL NAME ALLAN F. RICKMAN

8. (b) If veteran, name war V

8. (c) Social Security No. V

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 10 - 29 1884 (Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Lawrence Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business V

FATHER 12. Name Jesse Rickman

13. Birthplace Ky Kentucky (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Margaret Downey

15. Birthplace Mo Wis (City, town, or county) (State or foreign country)

16. (a) Informant Hospital record

(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cem

18. (a) Signature of funeral director Jackson & Son

(b) Address Sarcoxie Mo

19. (a) 5-25-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 3/21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1948 hour 3 minute 30 p. M.

21. I hereby certify that I attended the deceased from 1-7-1947, 19..., to 5-23-, 1948; that I last saw him alive on 5-23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	?
Due to Arteriosclerosis	
Due to V	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings: Of operations V

Of autopsy V

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 R G Hall (M. D. ~~or other~~)

Address Nevada Mo Date signed 5-23-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-48-579
Date Filed 6-1-48

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 me, Registered Apprentice No. working under my personal supervision.

Signed Wm K. Jackson
Licensed Embalmer No. 3954
P. O. Address Lancaster Ma

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, above space should be left blank.