

SEP 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29741  
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 581  
(b) Township \_\_\_\_\_ Primary Registration District No. 4343 Registered No. 21  
(c) City Monroe City (d) Street No. 515 North Locust St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 3 yrs. mo. da. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME

(a) Residence, No. 515 N. Locust St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella R. Hicks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer 34rs.  
10. Date deceased last worked at this occupation (month and year) June 1, 1936 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jessamine Co Kentucky

FATHER 13. NAME Jonathan Hicks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) G. S. Harris Monroe City Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Judes Cemetery DATE Aug 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son - Monroe City Mo.

20. FILED Aug 19 1939 W. D. Pipkin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 9 1 23, 1937, to 8 1 18, 1937

I last saw him alive on 8 1 18, 1937. Death is said to have occurred on the date stated above, at 9 15 a.m.  
The principal cause of death and related causes of importance were as follows:

Coronary embolism  
Chrom. Myocarditis  
93C

Date of onset 8/18/37  
1936  
4/18/37

Other contributory causes of importance: Cerebral hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) F. N. Limmon D.O., M. D.  
Monroe City, Mo.  
513 (Address)

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 10

District File Number 9-29-1577

Date Filed SEP-5-1939

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 myself

....., Registered Apprentice No. ....

working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City 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, above space should be left blank.