

S. No. 2
 FORM-2-43
 Rev. 5-17-39
 I X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 15499

FILED APR 30 1946

Registration District No. _____

Primary Registration District No. 6241

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Washington
 (b) City or town Rural Briton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Near Potosi mo.
(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 Washington
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Near Potosi mo
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Richard C. Hiker
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 4
 year 1946 hour 4 minute P. M.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 12 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-20-46 to 4-4-46, 1946
 that I last saw him alive on 3-25-46, 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Footgunpneumonia Duration _____
 Due to obliteration of cross of ureter
 Due to _____

9. Birthplace St. Genevieve Co. mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation None

Major findings: Of operations _____
 Of autopsy AB.

11. Industry or business None

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

12. Name Peter B. Hiker

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

14. Maiden name Margaret Parker

15. Birthplace St. Genevieve Co. mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Bobbitt
 (b) Address Franklin mo.

17. (a) Burial (b) Date thereof 4-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bonnyville mo.

18. (a) Signature of funeral director Mrs. Luther Spahr
 (b) Address Potosi mo.
 19. (a) April 10 46 (b) Mrs. G. F. Creaswell
(Date relative local registrar) (Registrar's signature)

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) (e) Means of injury _____
 23. Signature J. P. Yeargan (M. D. or other) _____
 Address Franklin mo. Date signed 4-11-46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD.

MOTHER FATHER

337

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4
File Number 446-202
Date Filed 4-29-46

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 Murphy L. Sparks
Licensed Embalmer No. 4536
P. O. Address Flat River, 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.