

No. 2  
5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25547

FILED AUG 13 1943

State File No. \_\_\_\_\_

Registration District No. 204

Primary Registration District No. 3046

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Monroeville  
(b) City or town California  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroeville  
(c) City or town California  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Elenore Hickox

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Carl Hickox 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 2 1857  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name James Buchanan  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Pickett  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Hickox  
(b) Address California  
17. (a) Burial (b) Date thereof 7/12/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem  
18. (a) Signature of funeral director William Friedman  
(b) Address California  
19. (a) 7-13-43 (b) W J Allen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th  
year 1943 hour 7 minute 35.0-M.

21. I hereby certify that I attended the deceased from 3/30 1943 to 7/10 1943  
that I last saw her alive on July 10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Cholecystitis 2570  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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)  
(e) Means of injury Q

23. Signature J. P. Burk Jr (M. D. or other)  
Address California Date signed 7/12/43

1512 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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 Hugh E. Williams  
Licensed Embalmer No. 3537  
P. O. Address California 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.**