

FILED OCT 14 1942
Registration District No. **316**

Primary Registration District No. **6073**

Registrar's No. **48**

94
2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **E. Bonne Terre, Missouri**
(If outside the 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 **49**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**

(c) City or town **E. Bonne Terre**
(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 **Thomas N. Sikes**

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 **Married**

6. (b) Name of husband or wife **Mary Caroline Smith**

6. (c) Age of husband or wife if alive **84** years

7. Birth date of deceased **April 17, 1857**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	4	11	hr. _____ min. _____

9. Birthplace _____
(City, town, or county) (State or foreign country) **Arkansas**

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **John Sikes**

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

14. Maiden name **Snow**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Sikes**

(b) Address **Bonne Terre, Missouri**

17. (a) **Burial** (b) Date thereof **8/30/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marvin Chapel**

18. (a) Signature of funeral director **Benham Und. Co.**

(b) Address **Bonne Terre, Missouri**

19. (a) **Sept 3, 1942** (b) **Byrdie Bukhmetes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **28th**
year **1942** hour **6** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Aug 23** to **Aug 28**, 19**42**
that I last saw him alive on **Aug 27**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis**

Due to **Insufficiency**

Due to _____

Other conditions (include pregnancy within 5 months of death) _____

Major findings: **93d**

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **A. L. Edwards** (M. D. or other) _____
Address **Bonne Terre, Mo** Date signed **8-28-42**

1176

RECEIVED

District Health Officer No. 4
District File Number 1042-1238
Date Filed 10-13-42

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, ~~###~~.....

Eleuan Province.....

~~Register Appointee No. #~~.....

~~working under my personal supervision~~
#####

Signed.....

Eleuan Province

Licensed Embalmer No. 3403.....

P. O. Address Bonne Terra, 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.