

JUN 15 1939

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

18840
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Blue Primary Registration District No. 5554 Registered No. 161
(c) City Independence (d) Street No. 9504 Independence Ave 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 9504 Independence St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 11 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede County, Missouri
13. NAME Leuthert H. Dickman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Elizabeth James
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT (ADDRESS) Mrs. Mary H. Dardington, 9504 Independence Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE May 13, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) George C. Carson, Independence, Mo.
20. FILED 5-16-39 J. P. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1909, to 5/12, 1939
I last saw her alive on 5-12, 1939. Death is said to have occurred on the date stated above, at 1304.
The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
Coronary
Date of onset
94
Other contributory causes of importance:
Senility
Name of operation..... Date of.....
What test confirmed diagnosis? Cholesterol 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?.....
If so, specify..... (Signed) William, M. D.
10307 S. 1st Ave (Address)

N. 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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.