

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

18917

Do not use this space.

1. PLACE OF DEATH 9 1939
 (a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2002
 (c) City Joplin (d) Street No. 313 E 4th Registered No. _____
 (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 ARCH C. Dickinson
 (a) Residence, No. 313 East Fourth St 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie B. Dickinson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 25, 1869
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 7 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CLERK
 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 20 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 FATHER 13. NAME John A. Dickinson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 MOTHER 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "
 17. INFORMANT Mrs. Fannie Dickinson
 (ADDRESS) 313 W. 4th. Joplin. MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark Memorial DATE May 17 1939
 19. FUNERAL DIRECTOR (NAME) L. ANDER MORTUARY
 (ADDRESS) Joplin. Mo.
 20. FILED 5-16 1939 Ed. J. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1939
 22. I HEREBY CERTIFY That I attended deceased from May 7 1939 to May 14 1939
 I last saw him alive on May 14 1939 Death is said to have occurred on the date stated above, at 7:05 p.m.
 The principal cause of death and related causes of importance were as follows:
 Surgery Prostate Gland
 Other contributory causes of importance: 51
Malignancy (Prostate)
 Name of operation Prostate Date of 4/20/39
 What test confirmed diagnosis? Not known Was there an autopsy?
 23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury no, 19
 Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify no
 (Signed) W. H. Jones M. D.
 (Address) Joplin MO

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1262

Date Filed JUN 9 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

Registered Apprentice No., working under my personal supervision.

Signed

F. M. Jones

Licensed Embalmer No. ~~2319~~

2319

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.