

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3881

NOV 14 1939

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
In Street 76th & Prospect 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3533 Garfield
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

8. (a) PRINT FULL NAME William S. Dickhout 230

8. (b) If veteran, name war No 8. (c) Social Security 49809-9081

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Deborah Dickhout 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 13, 1870
 (Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Lees Summit, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Nurseryman

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Dickhout

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

14. Maiden name Eliza Sweetland
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Deborah Dickhout
 (b) Address 3533 Garfield

17. (a) Burial (b) Date thereof 10-8-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo. Freeman Mortuary

18. (a) Signature of funeral director _____
 (b) Address 104 W. 42 ST. K. C. Mo.
 19. (a) Oct 8 / 1939 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7 1939
 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that the cause of death was _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute pulmonary edema
Chronic myocardial infarction
Old coronary occlusion
Coronary atherosclerosis

Major findings:
 Of operations _____
 Of autopsy ✓

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 about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____ (a) Means of injury _____
 23. Signature Victor H. Miller (M. D. or other) _____
 Address K.C. Mo. Date signed _____

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.

WHILE FATHER USE CHANGING BLACK INK—MAKE A PERMANENT RECORD

I 41951

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 Clarence

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clarence M. Chiles

Licensed Embalmer No.

3473

P. O. Address

76 E 760

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.