

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

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.

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 171

1. PLACE OF DEATH: 2

(a) County Saline

(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
180 S. Lincoln
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home
(Specify whether years, months or days)

In this community All her life

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Saline

(c) City or town Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. 180 S. Lincoln
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Maud Bell Dickerson 262

8. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Dickerson

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov. 12, 1892
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business 0

MOTHER FATHER { 12. Name William R. Ainsworth 0

13. Birthplace Glasgow, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Martha Bullard

15. Birthplace Saline Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Chas. Chasey

(b) Address 4th Kansas City Mo.

17. (a) Burial (b) Date thereof Oct. 24
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director J. J. Sweeney

(b) Address Marshall, Mo.

19. (a) 10-23-39 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1939 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 1, 1936 to Dec 22, 1939
that I last saw her alive on Dec 22, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs

Due to Chronic hypertension

Due to Hypertension 1932

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: ✓ 12/1

Of operations _____

Of autopsy no

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? no
(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 _____

23. Signature Mary Kent (M. D. initials) 1

Address Marshall, Mo. Date signed 12/23/39

RECEIVED
District Health Officer No. 8,
District File Number
"11/8/39"
ate Filed

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 J. Leslie Sussney
Licensed Embalmer No. 32350
P. O. Address Marshall, Ill.

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.