DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15203

Registration District No. 413 Primary Registration District No. 5559.C. Registrar's No. 27

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: WEBB CITY Jasper Co TBC Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mo (Specify whether In this community years, months or days)

250

3. (a) PRINT FULL NAME Arthur N. Dickson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 20 (Day) 1904 (Year)

8. AGE: Years 35 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Tebbetts (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Commodity Clerk 0

11. Industry or business

FATHER
12. Name Arthur D Dickson 0
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva Boyd
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation New Bloomfield Mo

18. (a) Signature of funeral director Webb City Und Co

(b) Address Webb City Mo.

19. (a) APR. 11. 40 (Date received local registrar) (b) P. L. Pritchett M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Calloway

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

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1940 hour 3 minute 30 a M.

21. I hereby certify that I attended the deceased from July 28, 1939, to April 11, 1940; that I last saw him alive on April 10, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jesse E. Douglass (M. D. or other)

Address Webb City Date signed 4/11/40

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

40-5-13

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 Myself,

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 8,922,

P. O. Address Weld City, 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, above space should be left blank.