

No. 2
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1941 FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1311

State File No. _____
Registrar's No. 271

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Infant Dickey #2 No II
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race _____
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: Jan 8 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
3.4 hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name C. J. Dickey
13. Birthplace Excelsior Springs, Mo (City, town, or county) (State or foreign country) D
14. Maiden name Margaret Booth
15. Birthplace Carroll, Mo (City, town, or county) (State or foreign country) D

16. (a) Informant Jewell Dickey
(b) Address Excelsior Springs, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation South Point Cemetery, Excelsior Springs, Mo.

18. (a) Signature of funeral director Herbert Hope
(b) Address Excelsior Springs, Mo.

19. (a) Jan 20, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 24
(c) City or town Excelsior Springs (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 Jan day 8
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Overexertion & Intoxication
newborn
Due to _____
Due to 154

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Jewell Dickey (M. D. or other) _____
Address Excelsior Springs, Mo. Date signed _____

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

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, fact should be so stated above.