V. S. No. 2
M—11-10-39
Rev. 5-17-39
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1757

State File No.

Registration District No. 71 Primary Registration District No. 5110A Registrar's No. 4

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

10
0
0

1. PLACE OF DEATH:
(a) County Boone Cedar
(b) City or town Ashland Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Ashland 0
(If outside city or town limits write "RURAL") 0
(d) Street No. Rural Cedar 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Stella Hart Dickson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 21 (Day) 1870 (Year)

8. AGE: Years 70 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation housekeeper
11. Industry or business
FATHER
12. Name Abner Dickson
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Martha F Boyd
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant A. L. Dickson
(b) Address Wainwright, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Wainwright Cem
18. (a) Signature of funeral director Holt - Burnett
(b) Address Ashland, Mo.
19. (a) 2-7-41 (Date received local registrar) (b) Frances Nichols (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1941 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from Jan 1, 1941, to Jan 22, 1941;
that I last saw her alive on Jan 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Insufficiency
Due to
Due to 92 W
Other conditions Influenza
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

Duration
2 yrs

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?
7 ? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. B. Bryor (M. D. or other) D
Address Ashland Mo Date signed 2-5-41

(Licensed Embalmer's Statement on Reverse Side)

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 me

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

working under my personal supervision.

Signed Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland Me

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.