

S. No. 2
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5-17-51
-1 XZ152

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6325**
Registrar's No. **200**

MAR 11 1941
Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5434 S. 3rd St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph /
(If outside city or town limit- write "RURAL") 7
 (d) Street No. 5434 S. 3rd St.
(If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Elmer Dickey
 3. (b) If veteran, name war none 3. (c) Social Security No. none
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Annie Beel Dickey 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased June 8 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 15
 year 1941 hour 4 minute 45 a M.
21. I hereby certify that I attended the deceased from June 40 to Feb. 15, 1941;
 that I last saw him alive on Feb. 14, 1941;
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 8 Days 7 If less than one day
 hr. _____ min.

Immediate cause of death Coronary Occlusion 2 da.
 Due to Hypertensive arterio-sclerotic heart disease ?
 Due to _____
 Other conditions 131a
(Include pregnancy within 3 months of death)

9. Birthplace Independence / Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Real Estate

11. Industry or business Self
12. Name William C. Dickey
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Ann Chamberland
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Annie Beel Dickey
(b) Address 5434 S. 3rd St.

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: none
 Of operations _____
 Of autopsy none

17. (a) Burial (b) Date thereof Feb. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem.
18. (a) Signature of funeral director Calack Mortuary
(b) Address 5025 King Hill Ave.
19. (a) 2-17-41 (b) H. D. Nestlebuch
(Date received local registrar) (Registrar's signature)

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?
85 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature C. S. Grant (M. D. or other) M.D.
Address St. Joseph Mo. Date signed 2-16-41

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, ~~on~~ 2/15/41

....., Registered Apprentice No.
working under my personal supervision.

Signed Carl A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph

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.