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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Feller

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28335

FILED SEP 15 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 688

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 937 W Lombard St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community Since 1919 22 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039

(c) City or town Springfield 2 6
(If outside city or town limits, write "RURAL")

(d) Street No. 937 W Lombard St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Clyde H. Dickinson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Nelle Dickinson

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

7. Birth date of deceased Dec (Month) 12 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	8	11	hr. min.

9. Birthplace Wolcottville (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Frisco Inspector

11. Industry or business

FATHER
12. Name Levant Dickinson
13. Birthplace Batavia N Y (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Mercy Sheppard
15. Birthplace Wheatville N Y (City, town, or county) (State or foreign country) 1

16. (a) Informant Nelle Dickinson

(b) Address 937 W Lombard, City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield Mo

19. (a) 8-25-41 (Date received local registrar) (b) W. E. Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1941 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8/23/41, 19 to 8/23/ 1941; that I last saw him alive on 8/23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Hypostatic Pneumonia Edema of Lung

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration 2 x hrs

107

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 A. E. Feller (M. D. or ~~other~~)

Address Springfield Mo Date signed 8/26/41

984

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3681

P. O. Address Springfield, 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, fact should be so stated above.