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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31302

Registration District No. 147 | Primary Registration District No. 5810 | Registrar's No.

1. PLACE OF DEATH:
(a) County Cass Austin Dist.
(b) City or town Archie R-4-D
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town Archie R 4 D 0
(If outside city or town limits write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME William O Dickey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Dickey
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Nov (Month) 25 (Day) 1866 (Year)

8. AGE: Years 74 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace Clay County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Enos D. Dickey
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Sarah E Deering
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Rose Dickey
(b) Address Archie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Austin Cemetery
18. (a) Signature of funeral director Atkinson Bros
(b) Address Archie, Mo.
19. (a) 9-5-41 (Date received local registrar) (b) Mrs Dora Allan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 1940 Sept 3, 1941, to Sept 3, 1941; that I last saw him alive on Sept 3, 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Colitis Systemic Infection
Due to
Due to Senility
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
162

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature T W Adams (M. D. or other)
Address Archie Mo Date signed 9-3-41

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

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.