

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILLED OCT 10 1941

Registration District No. 176

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4105

State File No. 31332

Registrar's No. 5

1. PLACE OF DEATH:  
(a) County Chariton  
(b) City or town Sumner  
(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 40 yrs  
years, months or days)

3. (a) PRINT FULL NAME Elmer Dickerson  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. NONE

4. Sex Male 5. Color or race white  
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 June 20th 1874  
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. D. Wright  
(b) Address Sumner Mo

17. (a) burial (b) Date thereof Sept 10th/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lakeside, Sumner Mo.

18. (a) Signature of funeral director J. L. Luper  
(b) Address Mendon Mo

19. (a) Self (b) Pearl Dickerson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Chariton  
(c) City or town Sumner  
(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 Sept day 8  
year 1941 hour ? minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death From history  
Probably coronary thrombosis  
Due to \_\_\_\_\_  
Believed he died from natural causes  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include emergency within 3 months of death)  
Found dead

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy No Autopsy

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 Coroner  
28. Signature Harry E. Tatum (M. D. or other)  
Address Greensboro Mo Date signed 9/9/41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-9-01

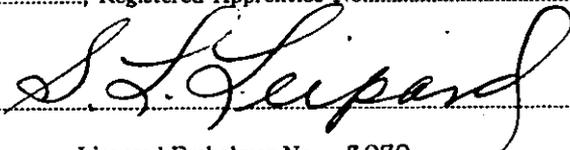
**STATEMENT BY LICENSED EMBALMER**

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. 3970.....

P. O. Address Mendon 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, above space should be left blank.**