

FILLED NOV 11 1941

Registration District No. 310

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34985

Registrar's No. 838

Primary Registration District No. 5440

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield Rural, St. Louis**
(c) Name of hospital or institution **Osteopathic Hospital**
(d) Length of stay: In hospital or institution **18 hrs.**
In this community **18 yrs, months or days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(d) Street No. **2050 N. Hunt**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **ED. DICKENS**

3. (b) If veteran, name war **no** 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 **Edith G. Dickens** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **January 23 1878**

8. AGE: Years **63** Months **8** Days **25** If less than one day hr. min.

9. Birthplace **Unknown Missouri**

10. Usual occupation **City Fireman**

11. Industry or business **Fireman**

12. Name **William Dickens**

13. Birthplace **Unknown Unknown**

14. Maiden name **Malissa Monday**

15. Birthplace **Unknown Unknown**

16. (a) Informant **Edith G. Dickens**

(b) Address **2050 N. Hunt Ave**

17. (a) **Burial** (b) Date thereof **Oct 19-41**

(c) Place: burial or cremation **Liberty Cemetery**

18. (a) Signature of informant **Edith G. Dickens**

(b) Address **110-18-41, N.E. Hurdley Rd**

19. (a) (Date received local registrar) (b) (Registrar's signature) **9/8**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **18** year **1941** hour **1:20** minute **A.M.**

21. I hereby certify that I attended the deceased from **Oct 11** 1941, to **Oct 18** 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of right kidney (primary)** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **52a**

Major findings: Of operations **Cancer**

Of autopsy **Cancer**

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?

While at work? (Specify type of place) (e) Means of injury.

23. Signature **G.H. Jones** (M. D. or other) **1108**

Address **Springfield Mo.** Date signed **Oct 19**

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

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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.....

May Rhodes

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.