

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35198**
Registrar's No. **143**

FILLED NOV 13 1941

Registration District No. **488**

Primary Registration District No. **3020**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None - 1014 S. Sophia**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **20 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **1014 S. Sophia**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Harry Dickson**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Bessie** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Oct. 1st 1887**
(Month) (Day) (Year)

8. AGE: Years **54** Months **No** Days **1** If less than one day hr. min.

9. Birthplace **Bentonville Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

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

16. (a) Informant **Bessie Dickson**
(b) Address **1014 S. Sophia**

17. (a) **Burial** (b) Date thereof **Oct. 6, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Cedar Hill**

18. (a) Signature of funeral director **ED. Ulmer**
(b) Address **1208 S. Garrison**

19. (a) **Oct. 4, 1941** (b) **E. J. M. Intine, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **2nd**
year **1941** hour **3:00** minute **30** A.M.

21. I hereby certify that I attended the deceased from **July 26th** 19 **41** to **Sept. 29th** 19 **41**
that I last saw him alive on **Sept. 29th** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) **No**

Major findings: Of operations **None**
Of autopsy **No**

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) **No**
(b) Date of occurrence **None**

(c) Where did injury occur? **None**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No**

While at work? **No** (Specify type of place) (e) Means of injury _____

23. Signature **George H. Wood** M.D. or other **M.D.**
Address **304 Grant St., Carthage, Mo.** Date signed **10/3/41**

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

41-11-903. 31

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

Carl P. Dugh.

Licensed Embalmer No. *4731*

P. O. Address *Chatham, N.C.*

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

If this body is not embalmed, fact should be so stated above.