

INDEXED ON THE CENSUS

FILED NOV 19 1941

Registration District No. **622**

Primary Registration District No. **4373**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County **NODAWAY**

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

(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 **70 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Nodaway**

(c) City or town **Graham** (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **CHARLES HART DICKEN**

3. (b) If veteran, name war **1st**

3. (c) Social Security No. **122**

4. Sex **MALE** race **WHITE**

5. Color or

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MRS LENA E. DICKEN**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **JAN 18-1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	9	19	hr. _____ min.

9. Birthplace **LOGAN OHIO**
(City, town, or county) (State or foreign country)

10. Usual occupation **TEAMSTER**

11. Industry or business _____

12. Name **A. R. DICKEN**

13. Birthplace **unknown** **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Mrs M. BARNET**

15. Birthplace **unknown** **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs C. H. Dickson**

(b) Address **Graham Mo.**

17. (a) _____ (b) Date thereof **11-9-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F. Graham Mo.**

18. (a) Signature of funeral director **Edward Johnson**

(b) Address _____

19. (a) **11-11-1941** (b) _____
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **7**
year **1941** hour **10** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Oct 29**, 1941, to **Nov 7**, 1941;
that I last saw him alive on **Nov 7**, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **108**

Major findings: Of operations _____

Of 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 _____

23. Signature **E. L. Morgan** (M. D. or other) **1**

Address **Graham Mo** Date signed **11-8-41**

Duration **5 days**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

DEC 31 1941

EP 24

SS 2

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

Fred Terhune

Licensed Embalmer No.

1279

P. O. Address

Savannah

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.

11-11-41