

DEC 13 1941

986

Registration District No. _____

Primary Registration District No. _____

4537

Registrar's No. _____

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

10
00
00

1. PLACE OF DEATH: Washington
 (a) County _____
 (b) City or town Washington Mo.
 (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 12 days
 In this community 1 years, months or days (Specify whether)

3. (a) PRINT FULL NAME William E. 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 married
 6. (b) Name of husband or wife Nevada Dickey
 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased April 19 1857
 (Month) (Day) (Year)

8. AGE: Years 84 Months 17 Days _____ If less than one day
 hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Robert H. Dickey
 13. Birthplace Washington Mo (City, town, or county) (State or foreign country)
 14. Maiden name Harvey Ann Jenkins
 15. Birthplace Washington Mo (City, town, or county) (State or foreign country)

16. (a) Informant Luther M Dickey
 (b) Address Putouti Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
 (c) Place: burial or cremation Sunlight Cemetery

18. (a) Signature of funeral director [Signature]
 (b) Address [Address]

19. (a) 12-10-41 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 110
 (a) State Mo (b) County Wash
 (c) City or town Iron Dale (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
 year 1941 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 25, 1941, to May 6, 1941;;
 that I last saw him alive on May 6, 1941;;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute appendicitis
(Perforated appendix with abscess)
 Due to Perforated appendix

Duration
16 days

Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death) 12/11

Major findings: Of operations abscess of appendix
 Of autopsy _____

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 [Signature] (M. D. or other) M.D.
 Address Bonne Terre Mo. Date signed 5/19/41

807

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

Everett Sparks

Licensed Embalmer No. 2639

P. O. Address Elwin 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, fact should be so stated above.