

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 52A

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4144 Wyoming  
(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 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4144 Wyoming  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Florence Elizabeth Dickhut  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 5  
 year 1942 hour 6 minute 10 a M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widow  
 6. (b) Name of husband or wife Henry G. Dickhut  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 6 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-1-42  
2-5 1942 to 2-5 1942  
 that I last saw her alive on 2-5 1942  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Myocardial Failure  
 Duration 3 Days

8. AGE: Years Months Days If less than one day  
80 10 2 29 hr. min.

Due to Senility  
 Due to \_\_\_\_\_

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

Other conditions n. n. o.  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business Self

12. Name Beckmeyer

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Lloyd Dickhut  
 (b) Address 4144 Wyoming

17. (a) Burial (b) Date thereof 2 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill, K.C.Mo.

18. (a) Signature of funeral director Walter Samuel Horne  
 (b) Address 1901 Olathe Blvd., K.C.K.  
 19. (a) 2-6-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations \_\_\_\_\_  
 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 Charles H. ... MD  
 Address 1103 Grand Date signed 2-6-42

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

MOTHER FATHER

*Dr. Jaska*

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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 *Jimmy S. Hucherson*  
Licensed Embalmer No. *4092*  
P. O. Address *H.C. Korman*

**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.**