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X28390

11148

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 15 1942  
460

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 19

Registration District No. \_\_\_\_\_ Primary Registration District No. 5623

1. PLACE OF DEATH:  
(a) County Rafayette  
(b) City or town Rural Dover Sup  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 3  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Clifford Dickson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rena Belle Brockett 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Mar 26 1889  
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Carroll Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Benj. Dickson  
13. Birthplace Carroll Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Helle Stator  
15. Birthplace Carroll Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clifford Dickson  
(b) Address Carrollton Mo  
17. (a) Burial (b) Date thereof 4-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Mo  
18. (a) Signature of funeral director Stanley  
(b) Address Carrollton Mo  
19. (a) 4-10-1942 (b) Dr. W.A. Braeklein  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Carroll  
(c) City or town Carrollton 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7  
year 1942 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death accident motor car Duration \_\_\_\_\_  
Carrollton Mo  
2 Penumbra 3 Cor usno  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 1100-8  
22

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy in autopsy  
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) Accident 054  
(b) Date of occurrence 4-7-42  
(c) Where did injury occur? Dover Lafayette Co Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
W 24 highway 4 1/2 miles east Dover Mo  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury Motor Car Collision

23. Signature Dr. W.A. Braeklein (M.D. or other) 3  
Address Dover Mo Date signed 4/9/42

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

54  
00

RECEIVED

District Health Officer No. 8.

District, File Number

Date Filed 4-14-42

JUL 21 1942

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.....

*Ben W Gibson*

Licensed Embalmer No. 2961

P. O. Address *Carrollton Me*

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.