

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14209

State File No. _____

FILED MAY 12 1942
Registration District No. _____

Primary Registration District No. 5408

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Rural, 7011111111
(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Synthia Ann Dickerson

3. (b) If veteran name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1942 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 27-42 to March 30, 1942

that I last saw her alive on March 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Subar Pneumonia

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife _____ years

7. Birth date of deceased: Oct. 3 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Merion, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jerry Whitlock

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

14. Maiden name Helith Eaton

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

16. (a) Informant David P. Whitlock

(b) Address Smith

17. (a) Burial (b) Date thereof Apr. 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pledge Church

18. (a) Signature of funeral director G. J. King

(b) Address _____

19. (a) 4-5-42 (b) Raymond Tomp
(Date received local registrar) (Registrar's signature)

Due to Blue Pneumonia
5 days

Due to _____

Other conditions Blue 106
(Include pregnancy within 3 months of death)

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) no

(b) Date of occurrence 2

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)

Means of injury _____

23. Signature G. J. King (M.D. or other) _____

Address Smith Date signed 4-1-42

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

35
0
0

MAY 13 1962

RECEIVED

District Health Office No. 2,

District File Number 442-534

Date Filed 4-13-42

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.....

not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

[Signature]
Licensed Embalmer No. 1407

P. O. Address.....

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.