

Registration District No. **3-1942**

Primary Registration District No. **1002**

Registrar's No. **2007**

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: **122 Benton**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 Years** (Specify whether years, months or days)
In this community **50 Years**

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. **122 Benton** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **EMMA LOUISE DICKENSON**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Fe.** 5. Color or race **Wh.**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **J. Edward**
6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **Sept. 15, 1865**
(Month) (Day) (Year)

8. AGE: Years **76** Months **9** Days **8**
If less than one day hr. min.

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

10. Usual occupation **Homemaker**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Thomas Barrett**
13. Birthplace **England** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Ray Taylor**
15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **J. E. Dickenson**
(b) Address **122 Benton**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **5/21/42**
(Month) (Day) (Year)
(c) Place: burial or cremation **Spencer, Iowa.**

18. (a) Signature of funeral director **C. H. BLACKMAN & SON, INC.**
(b) Address **2825 Independence Blvd.**

19. (a) **5-24-42** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23**
year **1942** hour **4** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **June 11, 1941** to **May 23, 1942**
that I last saw her alive on **May 23, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myeloid Leukemia**

Due to **9/4 a**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature **Spencer, Iowa** (M. D. or other)
Address **724 1/2 W. 12th St. M.** Date signed **5/23/42**

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

48
2
8

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..... *W. D. Blackman*.....
Licensed Embalmer No. *3639*.....
P. O. Address..... *N. C. 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.