S. No. 2
I—9-4-41
. 5-17-39
PI - X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19216

Registration District No. 845 Primary Registration District No. 6108 Registrar's No.

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Reeds Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ruth Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community five days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 154

(c) City or town Rudiprings 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME R. J. Dickens.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m 0

5. Color or race wh

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 25 (Day) 1942 (Year)

8. AGE: Years | Months | Days 5 | If less than one day hr. min.

9. Birthplace Reeds Spring (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business

FATHER
12. Name Claude Dickens
13. Birthplace (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Rebecca Patrick
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Claude Dickens
(b) Address Reeds Springs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1942 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Galena, Mo.

19. (a) May 31 1942 (Date received local registrar) (b) Rubye Arnold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31.
year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death liver trouble | Duration

Due to

Due to 161 C

Other conditions
(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)

(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? 0
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Alpha Roland (Mrs. or other) Wife

Address Reeds Spg Mo Date signed 5-31-42

1282

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 642-777
Date Filed JUN 9 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.....

Licensed Embalmer No.....

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.