V. S. No. 2
DM—1-4-41
ev. 5-17-39
I X26390

58
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21672

Registration District No. 506, 504, 497 Primary Registration District No. 5673 Registrar's No.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Enterprize Township (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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Emma Adell Dickinson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lorenzo Dickinson

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July (Month) 15 (Day) 1873 (Year)

8. AGE: Years 68 Months 10 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Frank Tucker
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Riley
15. Birthplace (City, town, or county) Indiana / (State or foreign country)

16. (a) Informant Edith Hale

(b) Address Browning Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Enterprize Cem.

18. (a) Signature of funeral director Glenn E. Kent + Son

(b) Address Green City, Missouri

19. (a) June 15 (Date received local registrar) (b) Mrs Guy Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1942 hour 5 minute A M.

21. I hereby certify that I attended the deceased from July 6, 1940, 19 to June 5, 1942 that I last saw her alive on June 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Pernicious Anemia and Chronic Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 107

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 Gilbert H. Kreiger (M. D. or other) DO

Address Purdin Mo Date signed 6-8-42

1272 (Licensed Embalmer's Statement on Reverse Side)

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.