

FILED DEC 11 1942
Registration District No. 269

Primary Registration District No. 268

5530
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 176 days
(Specify whether years, months or days)
In this community 176 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Siberia
(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 _____

3. (a) PRINT FULL NAME EVA PILAND
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 16
year 1942 hour 7 minute 35 A.M.
21. I hereby certify that I attended the deceased from May 25, 1942 to Nov 15, 1942
that I last saw her alive on Nov. 15, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced divorced
(b) Name of husband or wife Paul Nixon
(c) Age of husband or wife if alive fourteen years

Immediate cause of death: Subsidiary Tuberculosis over 1 year
Duration _____

8. AGE: Years Months Days If less than one day
39 3 7 hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 13 ft

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name August Dickerson
13. Birthplace Madison Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Betty Frankle
15. Birthplace Madison Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mr. Michael Beard Clerk
(b) Address Mo State San. Mt. Vernon Mo.
17. (a) Removal (b) Date thereof Nov 17-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mulberry Kansas
18. (a) Signature of funeral director George B Orr
(b) Address Mt Vernon Mo
19. (a) 11/18/42 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Ethel E. Collins (M. D. or other) _____
Address Mo State Sanatorium Date signed 11-16-42

RECEIVED

District Officer No. 6,

District File Number 1242-1715

Date Filed DEC 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 George B. Orr
Licensed Embalmer No. 946
P. O. Address Mt Vernon

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.