

JAN 30 1943  
 Registration District No. **149**

Primary Registration District No. **1002**

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

**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:  
**2321 Cypress**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **85 Years**  
(Specify whether years, months or days)

**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. **2321 Cypress Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **-----**

**3. (a) PRINT FULL NAME** **Mr. John W Dickerson**  
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **January** day **20th**  
 year **1943** hour **5** minute **P.** M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Mrs. Billie Dickerson**  
 6. (c) Age of husband or wife if alive **—** years

**21. I hereby certify that I attended the deceased from** **Jan. 19, 1943** to **Jan. 20, 1943**  
 that I last saw him alive on **Jan. 19, 1943**  
 and that death occurred on the date and hour stated above.

**7. Birth date of deceased** **October 18 1852**  
(Month) (Day) (Year)

Immediate cause of death  
**Coronary Atherosclerosis**  
**General debility**  
 Due to **—**  
 Due to **—**

**8. AGE:** Years Months Days If less than one day  
**90 3 2** hr. min.

**9. Birthplace** **Salem Church Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farmer**  
**11. Industry or business** **Retired**  
**12. Name** **Louis Martin Dickerson**  
**13. Birthplace** **Unknown 9**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **MARY A.**  
**15. Birthplace** **Unknown 9**  
(City, town, or county) (State or foreign country)

Other conditions **—**  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations **—**  
 Of autopsy **—**

**16. (a) Informant** **Mr. Roy H. Potter**  
**(b) Address** **2321 Cypress**  
**17. (a) Place: burial or cremation** **Burial**  
**(b) Date thereof** **Jan. 22, 1943**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **Bonner Springs, Kansas**  
**18. (a) Signature of funeral director** **D. H. Newcomer, Sons**  
**(b) Address** **1401 Brush Creek Blvd.**  
**19. (a) 1-22-43** **(b) M. M. Browne**  
(Date received local registrar) (Registrar's signature)

**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?  
 While at work? **—** (Specify type of place)  
 (e) Means of injury **—**  
**23. Signature** **Chas. J. ...** (M. D. number)  
**Address** **3850 ...** **Date signed** **1-21-43**

Stuart 11-1-3

**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.....

*H. C. Newcomer*

Licensed Embalmer No. *21043*

P. O. Address *P. O. 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.**