

ED MAR 20 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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 24 days
(Specify whether years, months or days) 35 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. 3640 Wyandotte
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Harry E. Dickinson,
3. (b) If veteran, name war no. 3. (c) Social Security No. none
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virginia M. Dickinson 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 1 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8th
year 1943 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from 1-12-43 19... to 3-8-43 19...
that I last saw h. im alive on 3-8-43 19...
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>7</u>	hr. min.

Immediate cause of death Fracture of left femur caused by accidental fall in home.
Due to 186a
Due to 18

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

Other conditions (Include pregnancy within 3 months of death) 18
Major findings: Of operations
Of autopsy None

10. Usual occupation Retired
11. Industry or business General Motors Executive

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name John Dickinson,
13. Birthplace Michigan,
(City, town, or county) (State or foreign country)
14. Maiden name Mynard,
15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia M. Dickinson,
(b) Address 3640 Wyandotte, Kansas City, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Acc 123
(b) Date of occurrence
(c) Where did injury occur? K. C. Jack Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, or industrial place, in public place?
Home (Specify type of place) (e) Means of injury Fall

17. (a) (Burial, cremation, or removal) Cremation (b) Date thereof 3-11-43
(Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C. Mo.

13. Signature Anna R. Horn (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed

19. (a) 3-10-43 (b) M. M. Lawrence
(Date received local registrar) (Registrar's signature)

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. 1415

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.