

S. No. 2
M-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15717

State File No.

Registrar's No. 52

FILED MAY 10 1943
Registration District No. 260

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution State Hospital No 32 Nevada Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 months & 23 days
(Specify whether)

In this community 8 months & 23 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson ¹²⁸

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

(d) Street No. 108 E. Russell
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HARLEY DICKERSON

3. (b) If veteran, name war WWI 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 Mrs. H. Dickerson 6. (c) Age of husband or wife if alive Wife years

7. Birth date of deceased Jan 13th 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>2</u>	<u>21</u>hr.min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Dickerson

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dudley

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Nevada mo

17. (a) Burial (b) Date thereof 4-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo

18. (a) Signature of funeral director Marsh E. Gehring

(b) Address Nevada, Mo

19. (a) 4-3-43 (b) Bozal B. Beurch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1943 1 hour 45 minute 8' M.

21. I hereby certify that I attended the deceased from July 9th 1942 to April 3rd 1943
that I last saw him alive on April 2nd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Dis

Due to.....
Due to.....

Other conditions Generalized arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 1860
Of autopsy 18

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) Accident 10'

(b) Date of occurrence 7/27/42

(c) Where did injury occur? Wesleyton Twp. Vernon Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hospital No 32 Nevada Mo
While at work? At (Specify type of place) (e) Means of injury Fall

23. Signature G.S. Warwick (M. D. or other)

Address Nevada, Mo Date signed 4/3/43

RECEIVED

District Health Officer No. 7,

District File Number 4-43-175

Date Filed 5-7-43

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 Mash. Eichinger
Licensed Embalmer No. 2656
P. O. Address Nevada, 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.