

FILED SEP 10 1943

Registration District No. 3008

Primary Registration District No. 3008

Registrar's No. 265

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

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution: State Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 wks 2 moths 15 d
(Specify whether)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1216 Garfield
(If rural, give location)

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

3. (a) PRINT FULL NAME MARIE DICKINSON

3. (b) If veteran, name war OK

3. (c) Social Security No. OK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1943 hour 8 1/2 minute 30 AM

21. I hereby certify that I attended the deceased from Jan 1 1940 to Aug 21 1943
and that death occurred on the date and hour stated above.

4. Sex f

5. Color or race white

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

6. (c) Age of husband or wife if alive 30 years (Day) (Year)

7. Birth date of deceased Aug 30 1884
(Month) (Day) (Year)

Immediate cause of death: Cardiac Renal Deform OK

Duration OK

Due to 131a

Other conditions (include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>2</u>	<u>21</u>	<u>hr. min.</u>

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

Major findings: Of operations

Of autopsy

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

10. Usual occupation millinery

11. Industry or business

12. Name Ng Mc Murry

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

14. Maiden name Anna Johnson

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

MOTHER FATHER

16. (a) Informant Reward

(b) Address

17. (a) Removal (b) Date thereof Aug 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topanga, Kansas

18. (a) Signature of funeral director J. B. Wallace

(b) Address Hutton, Missouri

19. (a) Aug 21 1943 (b) Jose Morant
(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?

(Specify type of place) (e) Means of injury

23. Signature R. P. Price (M. D. or other) MD

Address Hutton Mo Date signed 8/21/43

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..... *Robert E. White*.....

Licensed Embalmer No. *4168*.....

P. O. Address..... *Fulton, 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.