

V. S. No. 2  
OM-9-4-41  
e-5-17-39  
I X28

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28057**

ED SEP 2 1943

Registration District No. **82**

Primary Registration District No. **3017**

Registrar's No. **104**

1. PLACE OF DEATH:

(a) County **Cooper**  
(b) City or town **Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Found Near Overton**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **about 4 Months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Fred Wm. Dick**

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 **Georgia** 6. (c) Age of husband or wife if alive **26** years

7. Birth date of deceased **Sept. 25, 1898**  
(Month) (Day) (Year)

8. AGE: Years **44** Months **7** Days **13** If less than one day hr. min.

9. Birthplace **Cooper County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Road Machinery Man**

11. Industry or business

12. Name **J. A. Dick**

13. Birthplace **Cooper County, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Doerner**

15. Birthplace **Moniteague County, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fred Wm. Dick**

(b) Address **R.F.D. # 1 Bunceton, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 28/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I.O.C.F. Cemetery Tipton**

18. (a) Signature of funeral director **L.J. Meister**

(b) Address **Boonville, Missouri**

19. (a) **Aug-28-43** (b) **Dr. Chas. Swap**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**  
(c) City or town **Rural Route # 1 Bunceton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8th.?**  
year **1943** hour **?** minute **?** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on **Never seen alive**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Accidental Drowning** Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **183-3**  
(Include pregnancy within 3 months of death) **36.**

Major findings: Of operations \_\_\_\_\_

Of autopsy **No**

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**

(b) Date of occurrence **May 8th.?** **121**

(c) Where did injury occur? **Near Boonville**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In River near Boonville, Mo.**

While at work? **No** (Specify type of place) (e) Means of injury **3**

23. Signature **L.J. Meister** **Coroner**  
(N.D. or other)

Address **Boonville, Mo.** Date signed **8/27/43**

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

27  
0  
0

27  
0

MOTHER FATHER

FC 8 X

RECEIVED

District Health Officer No. 8,

District File Number  
Date Filed 9-1-48  
Date Filed

STATEMENT BY LICENSED EMBALMER

*not*

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 *Jessie E. Richards*  
Licensed Embalmer No. *2466*  
P. O. Address *Tipton 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.