

No. 2
9-1-41
5-17-50
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31118

State File No.

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

Registration District No. 23

Primary Registration District No. 4034

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates

(c) City or town Hume
(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 _____

3. (a) PRINT FULL NAME Sarah M. Dickinson

3. (b) If veteran, name war 3. (c) Social Security No. _____

4. Sex F 5. Color or race W.

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

6. (b) Name of husband or wife J. H. Dickinson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 14 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>4</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation at Home

11. Industry or business _____

12. Name Wm. M. Berry

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

14. Maiden name Elizabeth Winters

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

16. (a) Informant Mrs. Carrie E. Little

(b) Address Hume, Mo. Bx 48

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10-43
(Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Rick Lee
(b) Address _____

19. (a) 7/14/43 (Date received local registrar) (b) July M. Coleman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 ch
year 1943 hour 4:15 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 6th 1943 to Aug 8 1943
that I last saw her alive on Aug 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92a

Major findings: Of operations _____

Of autopsy None

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) _____

(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) (Means of injury)

23. Signature Alvin H. Albright (M. D. certifying)
Address Hume Date signed 8/10/43

1311

RECEIVED

District Health Officer No. 7,

District File Number 8-43-945

Date Filed 9-16-43

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 me

Registered Apprentice No.

working under my personal supervision.

Signed J. Hudson Reavley

Licensed Embalmer No. 2730

P. O. Address Rick Hill 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.