S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

Registration District No. 55

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11882

Primary Registration District No. 3011

Registrar's No. 129

1. PLACE OF DEATH:

(a) County: Carroll.

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

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

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 45yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Carroll

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

(d) Street No.: III N. Folger St.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Joseph Edward Dickson.

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Single

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Aug. (Month) 10 (Day) 1867 (Year)

8. AGE: Years 76 Months 3 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace: Carrollton (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation: Stationary business.

11. Industry or business: Book & Supply.

FATHER
12. Name: William Austin Dickson.
13. Birthplace: Carroll Co. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name: Pauline Turner.
15. Birthplace: Carroll Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Mrs Ralph D. Cotton.
(b) Address: Wichita Kansas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12- 4- 43. (Month) (Day) (Year)
(c) Place: burial or cremation: Oakhill Cemetery.

18. (a) Signature of funeral director: Willis- Marshall
(b) Address: Carrollton Mo.

19. (a) 12-4-1943 (Date received local registrar) (b) Mrs James Raffety (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 1st, year: 1943 hour: 10 minute: 00 P.M.

21. I hereby certify that I attended the deceased from Oct 5 1943 to Dec 1 1943 that I last saw him alive on Dec 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of liver and pancreas

Due to: —

Due to: —

Other conditions (Include pregnancy within 3 months of death): None H.

Major findings: Of operations: No operation

Of autopsy: None made

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): X X

(b) Date of occurrence: X X X X

(c) Where did injury occur? X X X X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X X X (Specify type of place)

While at work? X (e) Means of injury: X

23. Signature: R. F. Cook (M. D. or other)

Address: Carrollton Mo Date signed: 12-6-43

1053

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-11-44

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 myself

Registered Apprentice No.

working under my personal supervision.

Signed P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.