

FILED FEB 14 1944

State File No. _____

Registration District No. 270

Primary Registration District No. 5772

Registrar's No. 8

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Medicine
(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 _____ (Specify whether
In this community 15 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mercer 65
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. East of Princeton, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sylvia Dickerson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 9
year 1944 hour 8:30 a.m. 10 M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Farrol Dickerson 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Oct. 29 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov-15 1943, to Jan 9 1944
that I last saw her alive on Jan 9 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
39 3 0 hr. min.

Immediate cause of death
bronchitis pneumonia 24 hrs
Due to carcinoma of breast 3 yrs
Due to _____

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death) 50
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Charley Hunter
13. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Drago
15. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Farrol Dickerson
(b) Address Newtown, Mo.
17. (a) Burial (b) Date thereof 1-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hunter
18. (a) Signature of funeral director Thelma Funeral Home
(b) Address Princeton, Mo.
19. (a) _____ (b) _____
(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?
While at work? _____ (Specify type of place) (Specify means of injury)
23. Signature W. H. Case (M.D. or other) 1/10/44
Address Princeton, Mo. Date signed _____

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

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..... *J. Swan Martin*.....

Licensed Embalmer No. *3760*.....

P. O. Address *Pinebluff, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Merced
(b) City or town Rural
(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 _____
In this community 15 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sylvia Dickerson

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

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct. 9 (Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days _____ If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-17-44 (b) Even Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____

that I last saw him _____ alive on _____ 19 _____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

3575