

FILED MAR 10 1944
Registration District No. 3002

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
1124 W. Latney St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 1124 W. Latney St.
(If rural, give location)

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

3. (a) PRINT FULL NAME John C. Dickerson

3. (b) If veteran, name war None

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 Dora Alice Dickerson

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased September 19, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>4</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name George Dickerson

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

14. Maiden name Delliah Gaines

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

16. (a) Informant Mrs. Dora Alice Dickerson

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 2/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison, Mo.

18. (a) Signature of funeral director Earl E. Purks

(b) Address Mexico, Mo.

19. (a) 2/9/44 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1944 hour 9:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 5 1944 to Feb 8 1944; that I last saw him alive on Feb 5 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Failing compensation with Cholera Duration 6 days

Due to Metrol respiration

Due to _____

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

Major findings: 928
Of operations _____

Of autopsy _____

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 2

23. Signature H. A. Garrell (M. D. or other) 100

Address Mexico, Mo. Date signed 2/9/44

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

RECEIVED

District Health Officer No. 10

District File Number 3-44-627

Date Filed MAR 10 1944

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.....

Earl E. Precht, Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.