

FILED MAR 14 1944

Registration District No. 224

Primary Registration District No. 3072

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
784 South Jefferson
(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 19 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall
(If outside city or town limits, write "RURAL") 2

(d) Street No. 784 South Jefferson
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Sarah Anna Dickerson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Nov. 5 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>9</u>	hr. _____ min.

9. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Greene Patterson

13. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Naomi Logsdon

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

16. (a) Informant Mayme Hicks

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof I/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director J. Leslie Sussman

(b) Address 24 Marshall Mo.

19. (a) 2-15-1944 (b) Mo. T. O. Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day February year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 1 - 1944 to Feb 14 1944

that I last saw him alive on Feb 13 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremia -

Due to Acute Chronic Nephritis

Due to Myocarditis

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

Major findings: _____
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 0

23. Signature John R. Lawrence (M. D. or other) _____

Address Yonshad, Mo. Date signed 2-15-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1211

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-13-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Leslie Sussman

Licensed Embalmer No. 3238

P. O. Address Marshall, 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.