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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9765**
Registrar's No. **1490**

FILED APR 15 1949

Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **JACKSON**

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

(c) Name of hospital or institution:
5540 HARRISON STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **7 YEARS**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** **48**

(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")

(d) Street No. **5540 HARRISON STREET**
(If rural, give location)

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

3. (a) PRINT FULL NAME **MR. ROBERT COKE DICKSON**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **2**
year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
March 27, 1944, to April 2, 1944,
that I last saw him alive on **April 1, 1944**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or trace **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MRS. ELLA RUTH DICKSON** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **SEPTEMBER 17 1882**
(Month) (Day) (Year)

Immediate cause of death **Lobar Pneumonia** **5 days**

8. AGE:

Years	Months	Days	If less than one day
61	6	15	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **108**

9. Birthplace **WESTMINSTER SOUTH CAROLINA**
(City, town, or county) (State or foreign country)

10. Usual occupation **VETERINARY**

11. Industry or business **U.S. GOVERNMENT**

12. Name **DICKSON**

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

14. Maiden name **REBECCA JANE HANCOCK**

15. Birthplace **SOUTH CAROLINA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ella Ruth Dickson**

(b) Address **5540 Harrison Street**

17. (a) Burial _____ (b) Date thereof **4-4-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (c) Signature of funeral director **H. J. Newcomer, Sr.**

(b) Address **1401 Brush Creek Blvd.**

19. (a) 4-4-44 (b) **D. C. Brown**
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy **none**

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) **none**

(b) Date of occurrence **none**

(c) Where did injury occur? **none**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**

While at work _____ (Specify type of place) _____

Means of injury **none**

23. Signature **Paul Connerly** (M. D. or other) _____
Address **714 Bryant Bldg** Date **April 13, 1944**

Dr. Glenn Carbone
Bryant Bldg
01 3531

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address K. C. 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.