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FILED MAR 18 1944

Registration District No. 152

Primary Registration District No. 5857

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Madaway

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 84 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madaway ⁷⁴

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

(d) Street No. Sheridan
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Isaac Dickabaugh

3. (b) If veteran, name war _____

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 2
1944 to Feb 4 1944
that I last saw him alive on Feb 2 1944
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race 0

6. (a) Single, widowed, married 2
divorced widowed

6. (b) Name of husband or wife Mary Dickabaugh

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

7. Birth date of deceased April 20 1854
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 89 Months 9 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

MOTHER FATHER:

11. Industry or business _____

12. Name David Dickabaugh

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

14. Maiden name Mary Davis

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

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 _____

16. (a) Informant Harry Young

(b) Address Sheridan Mo.

17. (a) Burial (b) Date thereof 2-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheridan Cem.

18. (a) Signature of funeral director John C. Duffel

(b) Address Franklin City, Mo.

19. (a) 6/7/44 (b) O. S. Bayler
(Date received local registrar) (Registrar's signature)

23. Signature Egbert Crockett (M. D. or other)

Address Parnell Mrs Date signed Feb 6

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.....

Arch C. Dunfee

Licensed Embalmer No.....

3252

P. O. Address.....

Grant City, 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. April

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

1. PLACE OF DEATH:

(a) County Madison

(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 _____ (Specify whether _____)

In this community _____ years, months or days 8 1/2 yr. (Specify whether _____)

3. (a) PRINT FULL NAME Isaac Rickabaugh

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased April 20 1854
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 10 If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) O. H. Saylor
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 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 _____

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

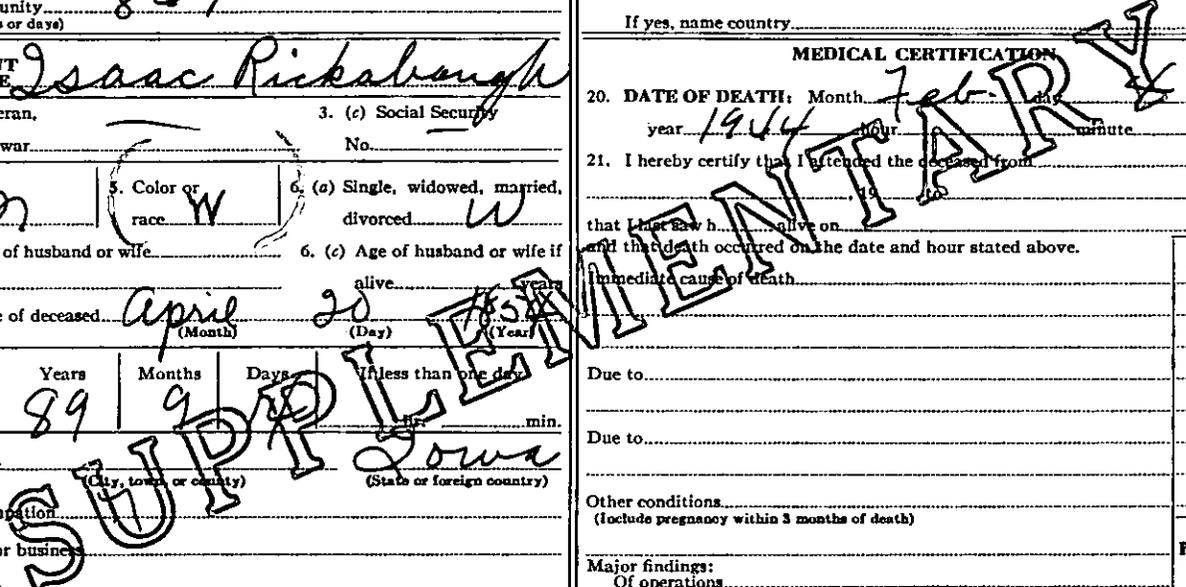
(a) Accident, suicide, or homicide (specify) _____

(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

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