

FILED MAY 9 1944
Registration District No. 128

Primary Registration District No. 2000

State File No. _____
Registrar's No. 352

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital 17
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hours 20 min
(Specify whether years, months or days) 14 hrs - 20 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright 114
(c) City or town Hartsville
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Carroll Logan Dickinson
3. (b) If veteran, name war No. 3. (c) Social Security No. unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 21
year 1944 hour 5 minute 40 P. M.
21. I hereby certify that I attended the deceased from 4-21 1944 to 4-21 1944
that I last saw him alive on 4-21 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W.C. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frances Perry Dickinson 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased November 14, 1911
(Month) (Day) (Year)

Immediate cause of death Fracture of Skull (Basal)
Due to Auto wreck 16 hr
Due to non-collision
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 1702-8
Of operations _____
Of autopsy _____

8. AGE: Years 32 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Wright Co. Hartsville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Lisha Dickinson
13. Birthplace Wright Co. Hartsville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mabel Lee Beener
15. Birthplace Wright Co. Hartsville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Doris V. Craia

(b) Address Star Route - Hartsville Mo.

17. (a) Burial (b) Date thereof 4/23/44
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Rt 2 Hartsville Mo
Little Creek Cem. by E. Walden

18. (a) Signature of funeral director Hartsville Mo

(b) Address Hartsville Mo

19. (a) 4-22-44 (b) W. W. Handley
(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) Accident
(b) Date of occurrence April 21, 1944
(c) Where did injury occur? near Webster, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm to Mt. Road # 38 between Hartsville and Hartsville
(Specify type of place) (e) Means of injury car wreck
While at work? No.

23. Signature Carroll Logan Dickinson (M.D. or health officer)
Address Springfield Mo Date signed 4-21-44

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

9
2
6

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

DEC 5 1950

MAY 17 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.....

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

working under my personal supervision.

Signed... *Gene E. Holdren*

Licensed Embalmer No. *3865*

P. O. Address. *Hartsville, Md.*

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.