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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18627

Registration District No. 204 Primary Registration District No. 3043 Registrar's No. 155

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: R. 1605 Rinker 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. R 1605 Rinker 4
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Thomas Dickerson

3. (b) If veteran, name war World War I

3. (c) Social Security No. 490-18-4635

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife Georgia Dickerson

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May (Month) 22 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	11	9	..... hr. ..... min.

9. Birthplace Fish Dam, T (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Shoe worker (Ex. farmer)

11. Industry or business Mfg. of shoes

FATHER
12. Name James Dickerson
13. Birthplace ..... (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Cordie Heckman
15. Birthplace ..... (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs. Dickerson
(b) Address R. 1605 Rinker

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Broadway

19. (a) 5/5/44 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1944 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan-1-44, 19..., to May 1, 1944
that I last saw him alive on April 29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 b 1

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature E. M. Lucka (M. D. or other)

Address Hannibal Mo Date signed 5-3-44

11 4 10

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 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 Roy P. Schwartz

Licensed Embalmer No. 1265

P. O. Address: .....

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.