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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. 34744
Registrar's No. 54

FILED OCT 19 1944
Registration District No. 204

Primary Registration District No. 5761

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Rural Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marion County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 years 5
In this community Lifetime
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Marion County Infirmary 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Dickson
(b) If veteran, name war No
(c) Social Security No. No.

4. Sex Male 5. Color or race Negro 0
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife
(c) Age of husband or wife if alive 1879 years

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 65 Months 0 Days 0
If less than one day hr. min.

9. Birthplace Marion County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farm hand

11. Industry or business

MOTHER FATHER {
12. Name No record 9
13. Birthplace No record 9
(City, town, or county) (State or foreign country)
14. Maiden name No record 9
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Marion County Infirmary 1
(b) Address Palmyra, Mo. Records

17. (a) Burial (b) Date thereof 9/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director Lewis Man
(b) Address Palmyra, Mo.

19. (a) 9/25/44 (b) Mrs Margaret Madley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 26
year 1944 hour 7 minute 0 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
M. V. corditis
Duration 35 yrs.
1 yr.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings:
Of operations _____
Of autopsy _____
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) _____
(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 _____
Signature Wm. Lueke (M. D. or other) _____
Address Homol. Date signed 10-1-44

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

Rob Lewis

Licensed Embalmer No.

2382

P. O. Address

Palmyra, 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.