

FILED MAY 16 1945

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 182

Primary Registration District No. 5680

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Linn Co.

(b) City or town Enterprise Mo.  
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn 58

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

(d) Street No. Near Browning  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lorenzo Archie Dickinson

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 widowed

6. (b) Name of husband or wife Emma Dickinson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 11 21 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Linn Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Nelson Harvey Dickinson

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

14. Maiden name Jeanne Bullock

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

16. (a) Informant Archie Dickinson

(b) Address Browning Mo.

17. (a) Burial (b) Date thereof 4 20 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enterprise Cem

18. (a) Signature of funeral director Allen & Bent & Son

(b) Address Green City Mo.

19. (a) \_\_\_\_\_ (b) Mrs. Guy Montgomery  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day of April  
year 1945 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 18, 1945 to 19 that I last saw him alive on dead when I arrived and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction  
frank myocardial infarction  
supine by tooth sick  
Due to fell while at work &  
death was instantaneous

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: none  
Of operations \_\_\_\_\_

Of autopsy GA

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? none (Specify type of place) (e) Means of injury none

23. Signature Allen & Bent & Son (Date or other) \_\_\_\_\_  
Address Browning Mo. Date signed 4-18-45

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

MOTHER FATHER

1272

RECEIVED  
District Health Officer No. 111  
District File Number  
Date Filed

**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.....

*Archie W. Wade*

Licensed Embalmer No.....

*3037*

P. O. Address.....

*Green 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.