

FILED SEP 12 1945
Registration District No. **3008**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Sulton
(If outside the city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 M 24 days
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Dory Dickerson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Aug day 14 year 1945 hour 9-30 minute a M.
21. I hereby certify that I attended the deceased from 12-20-44 19... to 8-14-45 19...; that I last saw him alive on 8-14- 19... and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ST 6. (c) Age of husband or wife if alive ST years
7. Birth date of deceased ST
(Month) (Day) (Year)

Immediate cause of death Myocarditis
Due to Paresis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations gob
Of autopsy _____

8. AGE: Years 60 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Handicraft

11. Industry or business _____

12. Name ST

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

14. Maiden name ST

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

16. (a) Informant Record

17. (a) Removal (b) Date thereof 8/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo. Washington

18. (a) Signature of funeral director Hallock Funeral Home

(b) Address Sulton, Mo. (D.C. Browning, Mo.)

19. (a) 8-23-1945 (b) Jovie M. Morduck
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature Garnett Reuss (M. D. or other) MD
Address Sulton, Mo. Date signed 8/14-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-11-45

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.