

FILED AUG 29 1945
128

Registrar's No. **620**

Registration District No. **128**

Primary Registration District No. **2000**

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:
SPRINGFIELD MO. CITY HOSPITAL
(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 **MO.** (b) County **GREENE**
(c) City or town **SPRINGFIELD** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **2054 N. MAIN**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JERRY M. DICKENS**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **UNK.**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **CORA DICKENS** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **FEB. 17, 1868**
(Month) (Day) (Year)

8. AGE: Years **77** Months **5** Days **19** If less than one day hr. min.

9. Birthplace **Douglas Co. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Boiler Maker**

11. Industry or business **Frisco P.R. Shops**

12. Name **Unknown**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph Dickens**

(b) Address **Washington, D.C.**

17. (a) **Burial** (b) Date thereof **Aug. 9-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **J. W. King**

(b) Address **SPRINGFIELD MO.**

19. (a) **8-8-45** (b) **D. W. Standley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **6**
year **1945** hour **2** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **8-1** 19**45** to **8-6** 19**45**
that I last saw him alive on **8-6-45** and that death occurred on the date and hour stated above.

Immediate cause of death **Typhoid**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ years of injury _____

23. Signature **[Signature]** (M. D. or other) **MO.**

Address **[Address]** Date signed **8-8-45**

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

MOTHER FATHER

FEB 1948

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 *Max Rhodes*.....

Licensed Embalmer No. *4071*.....

P. O. Address *Springfield*.....

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.