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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED NOV 15 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34839

State File No. _____

Registration District No. 343

Primary Registration District No. 10154

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Esser, Mo. Route 1 Rural
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Esser Route 1 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Bob Dickson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 2

5. Color or race colored

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

6. (b) Name of husband or wife Para Dickson

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept 15 1879
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>66</u> | <u>1</u> | <u>18</u> | hr. min. |

9. Birthplace Middletown Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name _____

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

16. (a) Informant Para Dickson

(b) Address Esser Route 1

17. (a) Burial (b) Date thereof 10, 4, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deater

18. (a) Signature of funeral director Walter M. Jones

(b) Address Deater, Mo.

19. (a) 10-8-45 (b) Walter M. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death accidentally struck by truck driven by Charles Edgar De Rouah

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 103

(b) Date of occurrence Nov. 2, 1945

(c) Where did injury occur? near Esser, Stoddard Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway NO A

While at work? NO (Specify type of place)

(e) Means of injury _____

23. Signature Walter M. Jones (Print name or other) _____
Address Deater, Mo. Date signed Nov 3 1945

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

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.....

Lynne Steele

Licensed Embalmer No.....

2476

P. O. Address.....

Wester 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.