V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40780

Registration District No. 52 Primary Registration District No. 3009 Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Jackson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt High St. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Gir 16
(c) City or town Jackson, 2 (If outside city or town limits, write "RURAL")
(d) Street No. Mt High St. 1 (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John N. Dickerson

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Roena Wills Dickerson 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct (Month) 14 (Day) 1867 (Year)

8. AGE: Years 78 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Near Jackson (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name Lou Dickerson
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace ✓ (City, town, or county) 0 (State or foreign country)

16. (a) Informant Pearl Dickerson 1
(b) Address Jackson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 25 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director S. C. Crawford
(b) Address Jackson Mo.

19. (a) 12-27-45 (Date received local registrar) (b) D. G. Sutter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1945 hour 1:00 AM minute M.

21. I hereby certify that I attended the deceased from July, 1945, to Dec 23, 1945 that I last saw him alive on Dec 22, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	9 hrs
Due to Arterio Sclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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

23. Signature D. J. L. Adams Jr. (M. D. or other)
Address Jackson Mo Date signed 12-24-45

1482 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 146-1534
Date Filed 1-8-46

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 J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Linneus, 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.