S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16373

Registration District No. 129 Primary Registration District No. 5467 Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural 1St. Robberson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. 2, Willard Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 71 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 2, Willard Mo. 0
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Viola Belle Dickens

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

4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife W. E. Dickens
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased March (Month) 24 (Day) 1875 (Year)

8. AGE: Years 71 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business In Home

FATHER
12. Name Stephen Chandler
13. Birthplace Unknown (City, town, or county) N.C. / (State or foreign country)

MOTHER
14. Maiden name Janie Hall
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. W.E. Dickens
(b) Address R.F.D. 2, Willard Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Robberson Prarie
18. (a) Signature of funeral director J.W. Klingner & Co. Jno Klingner & Co.
(b) Address Springfield Mo.
19. (a) May 24 (Date received local registrar) (b) Mrs. Herman White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 13, 1946, to May 18, 1946 that I last saw her alive on Apr. 28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency — Duration 6 mo
Due to Hypertensive Cardiovascular degenerative dis.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 93d

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 0

23. Signature Arthur D. Knapp (M. D. or other) MD
Address 450½ E. Cowil Date signed 5-18-46

11 2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 46-6-70
Date Filed 6-6-46

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 Ray 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.