No. 2
1—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24175

Registration District No. 178 Primary Registration District No. 4286 Registrar's No. 57

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town La Grange
(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 years, months or days)
In this community 46 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 56
(c) City or town La Grange 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Clayton Lee Dickerson
3. (b) If veteran, name war ----
3. (c) Social Security No. — — —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Amanda Dickerson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 10th, 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	12	hr. min.

9. Birthplace Polawapoma County, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Fountain Dickerson
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Berkshire
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Leo E. Dickerson
(b) Address La Grange, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46. (Month) (Day) (Year)
(c) Place: burial or cremation La Grange, Missouri.
18. (a) Signature of funeral director M. Robert
(b) Address La Grange, Missouri.
19. (a) 6-27-46 (Date received local registrar) (b) P. W. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1946 hour 7 minute 7:45 A.M.
21. I hereby certify that I attended the deceased from Oct 11, 1945, to June 22, 1946 that I last saw him alive on June 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA	Duration
Due to Chronic Nephritis	
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 W. L. Elliott M.D. (M. D. or other)
Address La Grange Mo. Date signed 6-24-46

161 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-1387
Date Filed JUL 15 1946

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

A.A?Roberts, Registered Apprentice No.,

working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri.

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.