. S. No. 2
1—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31005

Registration District No. 225 — Primary Registration District No. ~~225~~ 4335 — Registrar's No. 12

1. PLACE OF DEATH:
(a) County MONITEAU
(b) City or town TIPTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE (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 LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONITEAU 68
(c) City or town TIPTON (If outside city or town limits, write "RURAL") 2
(d) Street No. NONE (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? NATIVE years. 0

3. (a) PRINT FULL NAME FRANK J. DICK
3. (b) If veteran, name war NONE
3. (c) Social Security No. 500-10-5393
4. Sex male
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY C. DICK
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased APRIL, ~~2~~ 24th, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	4	17	hr. min.

9. Birthplace COOPER COUNTY, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation LABORER
11. Industry or business PUBLIC

MOTHER FATHER
12. Name CHRISTIAN DICK
13. Birthplace MONITEAU COUNTY, MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name GERTRUDE FISHER
15. Birthplace MONITEAU COUNTY, MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant MARY C. DICK (WIFE)
(b) Address TIPTON, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cemetery, Tipton, Mo
18. (a) Signature of funeral director James E. Richards
(b) Address Tipton, Mo.
19. (a) 9-12-46 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 11th year 1946 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from May 10, 1946 to Sept. 11, 1946 that I last saw him alive on Sept. 5, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	Unknown
Due to: Arteriosclerotic heart disease	
Due to: Myocarditis	
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.

93D

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 Dr. F. C. Tumpane M.D. (M. D. or other)
Address Tipton, Mo. Date signed 9/11/46

203 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-129
Date Filed 9-17-46

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 Jewell E. Richards

Licensed Embalmer No. 3466

P. O. Address Tipton 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, above space should be left blank.