

FILED DEC 9 1946  
Registration District No. 27

Primary Registration District No. 3005

State File No. \_\_\_\_\_  
Registrar's No. 96

1. PLACE OF DEATH:  
(a) County Bates  
(b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Butler Memorial Hospital  
(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 Bates 7  
(c) City or town Butler - R.F.D 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alice Louise Dickerson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Nov day 24<sup>th</sup>  
year 1946 hour 5 minute 20 A.M.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Nov 18<sup>th</sup> 1946 to Nov 24<sup>th</sup> 1946  
that I last saw her alive on Nov 24<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

7. Birth date of deceased October 11 1938  
(Month) (Day) (Year)

Immediate cause of death:  
acute bronchopneumonia  
pneumonia

8. AGE: Years 8 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to acute bronchopneumonia & bronchopneumonia

9. Birthplace Bates County - R.F.D #1 0  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Coding School

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

12. Name Lavern Dickerson

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

13. Birthplace Bates County 0  
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Grimes

15. Birthplace Bates County 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Lavern Dickerson

(b) Address R.F.D. #2 Butler, Mo.

17. (a) Burial (b) Date thereof Nov 26 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Roath Funeral Home  
(b) Address 109 N. High Butler, Mo.

19. (a) 11-30-1946 (b) Handell Perry  
(Date received local registrar) (Registrar signature)

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature Handell Perry (M. D. or other) md  
Address Butler, Mo Date signed 11-27-46

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

7 1-9-21  
6 9 28-9 1-71

**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 *John Andrew*  
Licensed Embalmer No. *358-1*  
P. O. Address *Butler 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.