S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37538

Registration District No. 170 | Primary Registration District No. 3033 | Registrar's No.

1. PLACE OF DEATH:
(a) County: Laclede
(b) City or town: Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 230 E Commercial
(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: Always

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Laclede
(c) City or town: Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No.: 230 E. Commercial
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: DARIS RAY DICKENS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Dec (Month) 21 (Day) 1941 (Year)

8. AGE: Years 4 | Months 10 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace: LACLEDE Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name: GLEN DICKENS
13. Birthplace: LACLEDE Co (City, town, or county) Mo (State or foreign country)
14. Maiden name: BERNIECE HEMPHILL
15. Birthplace: LACLEDE Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Glen Dickens
(b) Address: Lebanon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 8 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: New Home
18. (a) Signature of funeral director: Palmer
(b) Address: Lebanon, Mo.
19. (a) Nov. 9, 1946 (Date received local registrar) (b) Ora Frankenberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1946 hour 12:15 minute P. M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Burned to Death — Duration
Due to
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): Accident 53
(b) Date of occurrence: Nov. 7, 1946
(c) Where did injury occur? Lebanon (City or town) Laclede (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury: Fire
23. Signature: R O Palmer (M. D. or other) Coroner
Address: Lebanon, Mo Date signed 11/7/46

152 (Licensed Embalmer's Statement on Reverse Side)

Received 11-12-46

Laclede County Health Unit

File No. 11-46-154

Date Filed 11-12-46

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.