

FILED DEC 24 1946
Registration District No. 128

Primary Registration District No. 2000

State File No.

Registrar's No. 874

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1433 E. Olive /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene ³⁹

(c) City or town Springfield ²
(If outside city or town limits, write "RURAL")

(d) Street No. 1433 E. Olive ¹
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) ¹
If yes, name country.....

3. (a) PRINT FULL NAME Arabell Dickenson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Fountain Dickenson 6. (c) Age of husband or wife if alive... years 30 1854
(Day) (Year)

7. Birth date of deceased July 30 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

92 4 6 hr. min.

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Dickenson

(b) Address Cross Timbers, Missouri

17. (a) Burial (b) Date thereof 12/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Timbers, Mo.

18. (a) Signature of funeral director Herman H. Lohmeyer

(b) Address Springfield, Missouri

19. (a) 12-7-FF (b) W. J. Hensley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1946 hour 8 minute 15 Am.

21. I hereby certify that I attended the deceased from June, 1944, to Dec. 6, 1946,
that I last saw her alive on Dec. 3, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of face Duration

Other conditions arterio-sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 53

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?
0

While at work?.....
(Specify type of place) (a) Means of injury

23. Signature Arthur Knapp (M.D. or other) MD
Address 1204 E. Canal Date signed 12-6-46

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

MOTHER FATHER

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 *Malter E. Hamble*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield 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.