

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40355

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 238

1. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether)
In this community 4 years (years, months or days)

3. (a) PRINT FULL NAME

William Dickey
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 widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased 2 8 1868 (Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Lawrence, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John R. Dickey

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

14. Maiden name Anna

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

16. (a) Informant Mr. Don Bush

(b) Address Clinton, Mo.

17. (a) General (b) Date thereof 12 23 46 (Month) (Day) (Year)

(c) Place: burial or cremation Marquette Cem

18. (a) Signature of funeral director John Williamson

(b) Address Clinton, Mo.

19. (a) 12-21-46 (b) R. R. Remmey (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton (If outside city or town limits, write "RURAL")
(d) Street No. 10 Mi N p of Clinton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21 year 1946 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct 18 1945 to Dec 21 1946
that I last saw him alive on Dec. 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 6 days

Due to Chronic interstitial Nephritis Uremia

Due to Generalized arteriosclerosis Uremia

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) 2a

(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) (e) Means of injury 1

23. Signature S. B. Hughes (M. D. or other) M. D.

Address Clinton, Mo. Date signed 12/24/46

APR 10 1930

DECEASED
DIED AT
AGE 72

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.....

Frederick M. Keene

Licensed Embalmer No. *2478*

P. O. Address. *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.