

Registration District No. **146**

Primary Registration District No. **5568**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Rural Blue**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Spring Branch Rd. 2 1/2 mi E. Indep. Mo.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Jackson**
 (c) City or town **Rural** (If outside city or town limits, write "RURAL")
 (d) Street No. **2 1/2 mi E of Indep. Mo.** (If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Ealey W. Dickenson**
 3. (b) If veteran, name war **> 0**
 3. (c) Social Security No. **440-09-0963**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec**, day **26**, year **1946**, hour **10⁰⁰** minute **PM** M.
 21. I hereby certify that I attended the deceased from **12-26-46** to **Dec 26 1946**
 that I last saw **him** alive on **Dec 26 - 1946** and that death occurred on the date and hour stated above.

4. Sex **male**
 5. Color or race **wh**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Mr Della Dickenson**
 6. (c) Age of husband or wife if alive **39** years
 7. Birth date of deceased **June 1886**
 (Month) (Day) (Year)

Immediate cause of death: **Cerebral Hemorrhage**
 Due to **hypertension**
 Duration **6 mo**

8. AGE:	Years	Months	Days	If less than one day
	60	6	24	hr. min.

Other conditions: **93A**
 Major findings: **no operation**
 Of operations: _____
 Of autopsy: **autopsy**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace **Bethany Mo.** (City, town, or county) (State or foreign country)
 10. Usual occupation **maintenance**
 11. Industry or business **Ford Plant.**

MOTHER FATHER
 12. Name **Ryle Dickenson**
 13. Birthplace **Bethany Mo.** (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Payne**
 15. Birthplace **Bethany Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Fred Dickenson**
 (b) Address **Columbia Mo**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 28 46** (Month) (Day) (Year)
 (c) Place: burial or cremation **Woodlawn Cemetery**

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) (e) Means of injury _____
 23. Signature **C. H. Allen M.D.** (M. D. or other) _____
 Address **Independence** Date signed **12-27/46**

18. (a) Signature of funeral director **Ott Mitchell**
 (b) Address **310 No. Main St. Indep. Mo.**
 19. (a) **12-30-46** (Date received local registrar) (b) **J. H. Allen** (Registrar's signature)

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

5077

DEC 19 1952

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry J. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep 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.