

S. No. 2  
-12-45  
5-17-39  
I X47070

FILED MAR 31 1947  
128

State File No. \_\_\_\_\_  
Registrar's No. 213

Registration District No. \_\_\_\_\_

Primary Registration District No. 2466

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

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:  
Route # 10,  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community two years  
years, months or days)

3. (a) PRINT FULL NAME THOMAS J. DICKERSON

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Nelle C. Dickerson alive \_\_\_\_\_ years

6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased May 27, 1875  
(Month) (Day) (Year)

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

71 9 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Saw Mill Worker

11. Industry or business Lumber

MOTHER FATHER { 12. Name Enos Dickerson

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

14. Maiden name Elizabeth (Unknown)

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

16. (a) Informant Mrs. Nellie C. Dickerson

(b) Address Route # 10, Springfield, Mo.

17. (a) Burial (b) Date thereof 3/12/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer's

(b) Address Springfield, Missouri

19. (a) 3-17-47 (b) W E Handley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route # 10, "RURAL"  
(If rural, give location)  
 (e) Citizen of foreign country No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9,  
 year 1947 hour 9: minute 00 P. M.

21. I hereby certify that I attended the deceased from July 1946 to 3-9-47, 19\_\_\_\_  
 that I last saw him alive on 3-4-47, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Regenerative Heart Disease & Decompensation

Duration 8 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Major findings: 95B

Of operations \_\_\_\_\_

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

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? \_\_\_\_\_

While at work? Yes (Specify type of place) \_\_\_\_\_ (c) Means of injury 0

23. Signature Springfield, Mo. (M. D. or other) ✓

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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.....

Lee Mason....., Registered Apprentice No. 477  
working under my personal supervision.

Signed Jewell E. Mindle

Licensed Embalmer No. 2831

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.**