

Rev. 1-1-31  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 10 1947

Registration District No. 237

Primary Registration District No. 25-400

Registrar's No. 82

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 86 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John David Dickerson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Fannie Dickerson

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Feb. 28 1861  
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 7 If less than one day  
hr. min.

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

10. Usual occupation retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Jasper Dickerson

13. Birthplace Obine Co. Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant's own signature David C. Dickerson

(b) Address Parma Mo.

17. (a) Burial (b) Date thereof Mar. 8 1947  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie

18. (a) Signature of funeral director Walter J. Sauer

(b) Address Parma Mo.

19. (a) 3/8/47 (b) Dr. Geo. W. Hester  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7  
year 1947 hour 8 minute 0 a.m.

21. I hereby certify that I attended the deceased from Sept 5  
1944 to March 7, 1947;  
that I last saw him alive on March 1, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death old age

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

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

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

Major findings:  
Of operations \_\_\_\_\_

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

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Dr. Geo. W. Hester M.D. or other \_\_\_\_\_

Address Parma Mo. Date signed 3/8/47

RECEIVED

District Health Office No. 2,

District File Number 447-488

Date Filed 7-8-47

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**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 Lynard Steele  
Licensed Embalmer No. 2476  
P. O. Address Wexter 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, above space should be left blank.**