

FILED AUG 20 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr Harry Albery  
27339  
State File No. \_\_\_\_\_  
Registrar's No. 715

Registration District No. 128

Primary Registration District No. 2000

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: 455 E. Monroe ✓  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 455 E. Monroe  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wilmer E. Dicks

3. (b) If veteran, name was None 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased: July (Month) 27 (Day) 1842 (Year)

8. AGE: Years 85 Months 0 Days 16 If less than one day 1 hr. 1 min.

9. Birthplace Indiana (City, town, or county) clerk (State or foreign country)

10. Usual occupation Hardware

11. Industry or business Hardware

12. Name Lewis C. Dicks

13. Birthplace Indiana (City, town, or county) Harriet Shiner (State or foreign country)

14. Maiden name Indiana (City, town, or county)

15. Birthplace Indiana (City, town, or county)

16. (a) Informant Clyde W. Dicks

(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation Brookline Cem  
18. (a) Signature of funeral director Gorman-Scharpf Funeral Home (Specify type of place)  
(b) Address Springfield Mo. (e) Means of injury 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th  
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 25, 1947, to Aug 11, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation, 1mo  
Due to arteriosclerosis 20 yrs

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy none 97  
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? \_\_\_\_\_

23. Signature H. Albery (M. D. or other) \_\_\_\_\_  
Address 205 Francis St. Date signed Aug 14 1947

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

37  
2  
5  
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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 Lewis G. Scherpf  
Licensed Embalmer No. 3802  
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.**