V. S. No. 2
0M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33710

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1288

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home 1213 N. 10th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 m.o.s. (Specify whether years, months or days)
In this community: 6½ months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Andrew
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: R. R. 4 Savannah, Mo. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: FRED DICK
3. (b) If veteran, name war: ✓
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: Katie Burr Dick
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 12 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
82	4	19	hr. min.

9. Birthplace: Berne (City, town, or county) Switzerland (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farmer
FATHER
12. Name: No Record No Record
13. Birthplace: No Record (City, town, or county) No Record (State or foreign country)
MOTHER
14. Maiden name: No Record No Record
15. Birthplace: No Record (City, town, or county) No Record (State or foreign country)
16. (a) Informant: Oscar Dick
(b) Address: Savannah Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-3-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Savannah, Mo.
18. (a) Signature of funeral director: Mary R. Breit
(b) Address: Savannah Mo
19. (a) 10-31-47 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 31 year: 1947 hour: 4 minute: A M.
21. I hereby certify that I attended the deceased from: Apr. 19, 1947 to Oct. 31, 1947 that I last saw him alive on Oct. 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	1 yr.
Due to: Peptic Ulcer	10 yrs.
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	15 yrs.

General
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: G. T. Bloomer (M. D. or other) M. D.
Address: 1218 N. 3d St. Joseph, Mo Date signed: 10/31/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Mary R. Brist

Licensed Embalmer No. 3068

P. O. Address Savannah, 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.