

FILED APR 5 1948
Registration District No. 10486

Primary Registration District No. 4410

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town St. James
(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 1 month (Specify whether years, months or days)
In this community 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps
(c) City or town St. James
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23
year 1948 hour 3 minute 2 M.
21. I hereby certify that I attended the deceased from Feb 20
1948 to March 21, 1948
that I last saw him alive on March 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 2 mo
Due to Hypertension 5 yrs
Due to Senility
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 950
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? Okla.
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 3/23/48

3. (a) PRINT FULL NAME Chas A. Dickenson

3. (b) If veteran, name war V 3. (c) Social Security No. V

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 10 17 V hr. V min.

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

10. Usual occupation School Teacher

11. Industry or business _____

12. Name Oliner V. Dickenson

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

14. Maiden name Elizabeth Pylant

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

16. (a) Informant T. R. Falbrook

(b) Address St. James, Mo.

17. (a) Burial (b) Date thereof 3-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Logan Cemetery, St. James, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address St. James, Mo.

19. (a) March 23, 48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

130

RECEIVED

Phelps County Health Officer,

County File Number 4-48 -

Date Filed 4-2-48

JUN 13 1948

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 *Orville E. Lickhiser*

Licensed Embalmer No. *3546*

P. O. Address *St James 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.