S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12534

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1541

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: KCTB HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 MOS - 16 days (Specify whether

In this community 45 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. FOX HOUSE - MAIN ST 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DICKEY, BILL

3. (b) If veteran, name war NO

3. (c) Social Security No. Unknown

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JAN (Month) 28 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	2	10	hr. min.

9. Birthplace MT VERNON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation DISH WASHER

11. Industry or business

FATHER
12. Name DICKEY JAMES
13. Birthplace ? (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name MORGAN SARA
15. Birthplace ? (City, town, or county) unknown (State or foreign country)

16. (a) Informant KCTB HOSPITAL

(b) Address Lee's, MISSOURI

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address K. C. Mo

19. (a) 4-8-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 8th year 1948 hour 5 40 A.M. minute M.

21. I hereby certify that I attended the deceased from 1-22-48 19, to 4-8-48 19; that I last saw him alive on Apr. 8 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13 D
Of autopsy

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 William David May M. D. or other M.D.

Address K. C. 3, Mo. Date signed 4-8-48

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

SEP 20 1950

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 Chas E. Mayfield, Registered Apprentice No. 18, working under my personal supervision.

Signed J. P. Schell

Licensed Embalmer No. 3625

P. O. Address K.C. 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.