S. No. 300
OM—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 17 1948

Registration District No. 46

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5568

State File No. 19778

Registrar's No. 167

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY Rural, Blue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 101 SOUTH WILLOW
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 25 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 101 SOUTH WILLOW
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MR. JOHN EDGAR DICKINSON
3. (b) If veteran, name war No
3. (c) Social Security No. 486-01-1906
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. BIRDIE M. DICKINSON
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased SEPTEMBER-4 1896 (Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 28 If less than one day ___ hr. ___ min.

9. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation WATCHMAN
11. Industry or business STANDARD OIL COMPANY
FATHER
12. Name EDGAR B. DICKINSON
13. Birthplace SHENANDOAH VALLEY (City, town, or county) VIRGINIA (State or foreign country)
MOTHER
14. Maiden name CORA F. CUTTING
15. Birthplace WINFIELD (City, town, or county) KANSAS (State or foreign country)
16. (a) Informant MRS. BIRDIE M. DICKINSON
(b) Address 101 SOUTH WILLOW
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation FLORAL HILLS CEM. K.C. MO.
18. (a) Signature of funeral director D. M. Newcomer's Sons
(b) Address KANSAS CITY, MISSOURI
19. (a) 6-4-48 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 2ND year 1948 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from 18 Jan, 1948, to 2 June, 1948; that I last saw him alive on 29 May, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic carcinoma of vertebrae	6 mo
Due to: unknown	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 55B	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. Saunders (M. D. or other) MD
Address Independence Date signed 6-3-48

(Licensed Embalmer's Statement on Reverse Side)

121 72 W. Lexington, Indep. Mo.

VS AUG 16 1900

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.