

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20057

State File No. _____

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution 218 W Park St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 81 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")

(d) Street No. 218 W Park St 2
(If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) (X)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Elsworth Dick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 6 day 26
year 48 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-24, 1948 to 6-26, 1948
that I last saw him alive on 6-26, 1948
and that death occurred on the date and hour stated above.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Margaret Dick

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

7. Birth date of deceased May 30 1867
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration 60 hrs

Due to Chronic myocardite 7 yrs?

Due to Acute pancreatite 66 hrs

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 81 Months 0 Days 26 hr. _____ min. _____
If less than one day

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

10. Usual occupation Retired

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Joseph Dick

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

14. Maiden name Jane Dunn

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

16. (a) Informant Mrs Margaret Volger

(b) Address Brookfield Mo

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Michael's Cemetery

18. (a) Signature of funeral director Borden Jewel Home

(b) Address Brookfield Mo

19. (a) 6-30-48 (b) Walter Brown
(Date received local registrar) (Registrar's signature)

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 2

23. Signature W B Enock D.O. (M. D. or other) 6/27
Address Brookfield Mo Date signed _____

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

DISTRICT HEALTH OFFICE
BROOKFIELD, MO.

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 James B. Mc Clelland
Licensed Embalmer No. 4230
P. O. Address Brookfield 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.