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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 26 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

26251

State File No. 3120

Registrar's No.

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

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:  
3615 Gillham Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community 45 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3615 Gillham Road  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Mary Dickson

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Dr. Franklin D. Dickson

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February 3 1892  
(Month) (Day) (Year)

8. AGE: Years 57~~56~~ Months 5 Days 26

If less than one day hr. min.

9. Birthplace Weir, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

MOTHER FATHER { 12. Name J. R. Crowe

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

14. Maiden name Margaret Hamilton

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

16. (a) Informant Dr. Franklin D. Dickson

(b) Address 3615 Gillham Road, Kansas City, Mo.

17. (a) Burial (b) Date thereof 7-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-31-48 (b) Geraldine Dolme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1948 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 1938 to July 29, 1948  
that I last saw her alive on July 29, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic sarcoma Duration 3 mos.

Due to Sardoma of the left thigh 5 mos.

Due to 55-a

Other conditions 55-a  
(Include pregnancy within 3 months of death)

Major findings: Sarcoma

Of operations

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?

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

23. Signature H. P. Baughman (M. D. or other)

Address 315 Alameda Rd., K.C., Mo. Date signed 7/30/48

Dr. H. P. Boughnow

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**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.....

*Robert H. Reed*

Licensed Embalmer No.....

*3748*

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.**