

No. 300
-10-47
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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32859**
Registrar's No. **4022**

Registration District No. **149**

Primary Registration District No. **1002**

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: **GENERAL HOSPITAL #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 days**
In this community **13 years** (Specify whether 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. **2715 Olive Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **THOMAS RICHARD DICKERSON**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **496-05-0357**

4. Sex **MALE** 2 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MATTIE B.** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **JULY 19 1897**
(Month) (Day) (Year)

8. AGE: Years **51** Months **2** Days **11** If less than one day hr. min.

9. Birthplace **NASHVILLE TENNESSEE**
(City, town, or county) (State or foreign country)

10. Usual occupation **ORDERLY**

11. Industry or business **CITY OF KANSAS CITY, MO.**

MOTHER FATHER

12. Name **SAMUEL ALEXANDER DICKERSON**

13. Birthplace **NASHVILLE TENNESSEE**
(City, town, or county) (State or foreign country)

14. Maiden name **MARION WRIGHT**

15. Birthplace **HICKMAN COUNTY TENNESSEE**
(City, town, or county) (State or foreign country)

16. (a) Informant **WIFE: MATTIE B. DICKERSON**

(b) Address **2715 Olive Street**

17. (a) **Burial** (b) Date thereof **10/6/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Matthew's Head**

(b) Address **1729 Lydia Avenue**

19. (a) **10-4-48** (b) **Rosaline Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** day **30**
year **1948** hour **6:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **September 7th**, 19**48** to **September 30**, 19**48**;
that I last saw him alive on **September 30th**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death
MASSIVE HEMORRHAGE INTO JEJUNUM AND STOMACH FOLLOWING EROSION OF PANKREATICO-DUODENAL ARTERY AFTER OPERATION FOR CARCINOMA OF COMMON BILE DUCT

Other conditions (Include pregnancy within 3 months of death) **HUG**

Major findings:
Of operations _____
Of autopsy **SAME AS ABOVE**

Duration
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) _____
Means of injury _____
23. Signature **Frank Ellis** (M.D. issuer)
Address **600 East 22nd Street** Date signed **10/2/48**

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

J. Manlowe

Licensed Embalmer No.

3994

P. O. Address

3573 Highland

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.