

S. No. 300
M-10-47
v. 5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 22 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39868
Registrar's No. 1085

Primary Registration District No. 5465

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural North Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Duncan Rest Home - Rt. #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days)
In this community 2 Months
(Specify whether years, months or days)

3: (a) PRINT FULL NAME John Dickson
3. (b) If veteran, name war No
3. (c) Social Security No. 491-12-0897

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 1874 years
7. Birth date of deceased March 22 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 21 hr. min.

9. Birthplace Marion County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Jasper Dickson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Murtha Jane
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Mutscheler
(b) Address 709 East Harrison, Springfield,
17. (a) Burial (b) Date thereof 12-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 12-16-48 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural - Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

20. DATE OF DEATH: Month December day 13th
year 1948 hour 11 minute 00 AM.
21. I hereby certify that I attended the deceased from Dec 11
1948 to Dec 13 1948
that I last saw him alive on Dec 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart and kidney trouble
Due to kidney
Due to Heart
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 21 F. Kern
Of operations
Of autopsy 956

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? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (c) Means of injury li
23. Signature W. F. Kern (M. D. or other)
Address Date signed May 13

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 Jewell E. Kunk

Licensed Embalmer No. 2831

P. O. Address Springfield 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.