

REC'D OCT 21 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

32426

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 404  
(b) Township Kaw Primary Registration District No. 5558 Registered No. \_\_\_\_\_  
(c) City Kansas City, Mo. (d) Street No. 9214 Mc Gee Str., K. C. Mo. St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Enoch Calvin Dickey,

(a) Residence, No. 9214 Mc Gee Str., K.C. Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2nd, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie E. Dickey

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1937, to Oct 2, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2nd,

I last saw him alive on Sept 29, 1938. Death is said to have occurred on the date stated above, at 3:40 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Chronic myocarditis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) Alexander  
(STATE OR COUNTRY) Indiana

Other contributory causes of importance:

Arteriosclerosis13. NAME John Dickey

14. BIRTHPLACE (CITY OR TOWN) No Record  
(STATE OR COUNTRY)

15. MAIDEN NAME Betty Ann Tomlinson,

16. BIRTHPLACE (CITY OR TOWN) No Record  
(STATE OR COUNTRY)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 

17. INFORMANT Mrs. Nannie C. Dickey,  
(ADDRESS) 9214 Mc Gee Street, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Oct. 4th, 1938

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster  
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

20. FILED 385 1938 R. V. Lindsey  
Local Registrar.

(Address) 404 1/2 W 75th

Phone

941 6433

JAN 4 1944

DEC 29 1945

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**



S-32426