

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan** FILED FEB 12 1940
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Parking Space at Krug Park 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Alfred H. Dick** **200**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **495-07-6321**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 9, 1917**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	22	3	17	hr. _____ min. _____

9. Birthplace **R.F.D.#1 Cosby Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Filling Station**

11. Industry or business **Filling Station**

12. Name **Adolph Dick**

13. Birthplace **Unknown Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name **Betha Mayers**

15. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Petty**

(b) Address **R# 3 St Joseph Mo.**

17. (a) **Removal** (b) Date thereof **Jan 28, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Savannah, Missouri**

18. (a) Signature of funeral director **Herway W. Biederfeld**

(b) Address **1802 Union St St Joseph Mo**

19. (a) **Jan 27 1940** (b) **XJ Chappel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Andrew**
(c) City or town **Cosby Rural**
(If outside city or town limits write "RURAL")
(d) Street No. **R.F.D.#1**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **About Jan 26** 1940
Year **Unknown** Hour **Unknown** Minute **M.**

21. I hereby certify that I **viewed** the deceased from
Jan, 26th 19**40**, to _____ 19____;

that I last saw him **###/###/###** 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **suicide by fire**
arms

Due to _____

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **Jan 26th 1940**

(c) Where did injury occur? **St Joseph, Buchanan, Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public

While at work? **no** (Specify type of place)

(e) Means of injury **Shot**

23. Signature **B.W. Tadlock** (or other)

Address **King Hill Bldg** Date signed **1/27/40**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 P. Clarkson*

Licensed Embalmer No. 4028

P. O. Address St. Joseph, 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, above space should be left blank.