

S. No. 2  
4-13-40  
5-17-40  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43000**

JAN 17 1941 453

Primary Registration District No. **19**

Registrar's No. **7**

53

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

1. PLACE OF DEATH:

(a) County Laclede Co. mo  
(b) City or town Brownfield mo. Sacaca  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether

In this community  
years, months or days)

3. (a) PRINT FULL NAME Myrtle Dickens

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife J. A. Dickens 6. (c) Age of husband or wife if alive, years \_\_\_\_\_

7. Birth date of deceased: 2 7 1895  
(Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Laclede Co mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name J. H. Rhoads

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

14. Maiden name Rena Caseboett

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

16. (a) Informant J. A. Dickens  
(b) Address Brownfield mo.

17. (a) burial (b) Date thereof 12 19 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation monarch  
18. (a) Signature of funeral director No Funeral Director  
(b) Address Lebanon, mo.  
19. (a) 12-31-1940 (b) W. M. Matthews  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Laclede  
(c) City or town Brownfield mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
year 1940 hour 6 minute 21 M.

21. I hereby certify that I attended the deceased from June 12, 1940, to Dec 17, 1940  
that I last saw h. alive on Dec 1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carburetor of heart (R/F)

Due to \_\_\_\_\_

Due to 57

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

957 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature W. M. Matthews (M. D. or other) \_\_\_\_\_  
Address Lebanon mo Date signed 12/27/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 19 1957

RECEIVED

District Health Officer No. 7,

District File Number 1-41-31

Date Filed 1-3-41

**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.....

No Embalming....., 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, fact should be so stated above.**