

FILED FEB 18 1941 STANDARD CERTIFICATE OF DEATH

State File No. **3935**

Registration District No. **710**

Primary Registration District No. **5939**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Palk**
(b) City or town **Brighton (Rural) Moberly**
(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 _____ (Specify whether _____)
In this community **life** years, months or days _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Palk, 84**
(c) City or town **Brighton (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 mi. S.E. of Brighton mo**
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **28**
year **1940** hour **2:15** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **chronic myocarditis with heart failure**
Due to **Influenza**
Due to _____

Duration
Dec 20
Dec 20

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
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? **628**
While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature **Doyce Welles** (M. D. or State) _____
Address **303 W. 1st St. Moberly Mo** Date signed **1-6-41**

3. (a) PRINT FULL NAME **Sarah Ella Dickinson**

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

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

6. (b) Name of husband or wife **Bill Dickinson** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **June 20 1875**
(Month) (Day) (Year)

8. AGE: Years **65** Months **6** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Fant Webb Texas**
(City, town, or county) (State of foreign country)

10. Usual occupation **House Keeper**

11. Industry or business **House Work**

12. Name **Francis Ross**

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

14. Maiden name **Francesa Longino**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Galad Dickinson**

(b) Address **Brighton mo**

17. (a) **Burial** (b) Date thereof **Dec 31 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brighton Queters**

18. (a) Signature of funeral director **Estelle Benton**
(b) Address **Pleasant Fork Mo**

19. (a) **Jan 10-41** (b) **Estelle Benton**
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 2-41-188

Date Filed 2-4-41

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

Personalley, Registered Apprentice No. _____
working under my personal supervision.

Signed William P. Erwin

Licensed Embalmer No. 3892

P. O. Address Palmer 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.