DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31201

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 210

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton Cal.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. #1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since June 3-1941 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Randolph
(c) City or town Moberly 14
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #4 1
(If rural, give location) 20
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Daisy Dickerson
3. (b) If veteran, name war
3. (c) Social Security No. None ?
4. Sex Female 1
5. Color or race white
6. (a) Single, widowed, married, divorced wid 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 9 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	7	23	hr. min.

9. Birthplace Mulberry Grove (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Francis Morris
13. Birthplace Ill. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Mary Jane Wiggs
15. Birthplace (City, town, or county) Ill. 1 (State or foreign country)
16. (a) Informant Hosp. records
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville Mo.
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo
19. (a) Sep 2 41 (Date received local registrar) (b) R. W. Craver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1941 hour 8 a. m. minute M.
21. I hereby certify that I attended the deceased from June 3rd, 1941, to Aug 1, 1941; that I last saw her alive on July 31, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchopneumonia, as determined by autopsy

Due to

Due to

Other conditions Chronic myocarditis and active Pul T. B. with cavitation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

Duration

PHYSICIAN

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature P. S. Tate (M. D. or other) D
Address State Hosp. #1 of Fulton Mo. Date signed 8-1-41

105 (Licensed Embalmer's Statement on Reverse Side)

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 R. M. Cater

Licensed Embalmer No. H 117

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.