

FILED AUG 5 1948

Registration District No. 71

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
(Specify whether
In this community 22 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County ?
(c) City or town Mayflower
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2, Box 72
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Clodie Dickerson

3. (b) If veteran, name war World War II 3. (c) Social Security No. 430-07-5390

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 24, 1918
(Month) (Day) (Year)

8. AGE: Years 24 Months 6 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Conway, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Oil Company

12. Name Hardis Dickerson

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

14. Maiden name Daslee Helton

15. Birthplace Conway Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Admin

(b) Address istration, Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 7-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conway, Arkansas

18. (a) Signature of funeral director HERBERT HOPE,

(b) Address Excelsior Springs, Mo.

19. (a) 7-3-43 (b) Mrs. Lada Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1943 hour 3:55 minute A. M.

21. I hereby certify that I attended the deceased from June 11, 1943, to July 2, 1943
that I last saw him alive on July 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Pulmonary Hemorrhage Duration 5 min.

Due to Tuberculosis, pulmonary, far advanced, active unknown

Due to _____
Other conditions (Include pregnancy within 3 months of death) 13 ft

Major findings: Of operations _____
Of autopsy NO AUTOPSY

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? _____

While at work _____ (Specify type of work) (Means of injury)

23. Signature FORREST G. BELL, M.D. (M. D. or other) 7-3-43
Address Veterans Administration, Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-3-43

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

James A Moles

Licensed Embalmer No. 3296

P.O. Address Ex Springs, 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, fact should be so stated above.