

FILED NOV 26 1945

STANDARD CERTIFICATE OF DEATH

State File No. **36141**  
Registrar's No. **4561**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Children's Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 hrs  
In this community 5 hrs years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Rail  
(c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. 116 Benton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dickey, Marilyn Sue  
3. (b) If veteran, name war one  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 5 year 1945 hour 8:25 minute 11 A. M.

4. Sex 21 5. Color or race w  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years  
7. Birth date of deceased August 12, 1931  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3:45 PM 11-5-45, 1945, to 11-5-45, 1945  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Post Mortem Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>14</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Richmond Mo (City, town, or county) (State or foreign country)  
10. Usual occupation none

Due to Acute massive dilatation of stomach - functional obstruction  
Due to Chemical peritonitis  
Other conditions Psychomotor (Include pregnancy within 3 months of death)  
Major findings 129  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Wark Dickey  
13. Birthplace Richmond Mo (City, town, or county) (State or foreign country)  
14. Maiden name Geneva M. Gough  
15. Birthplace Richmond Mo (City, town, or county) (State or foreign country)  
16. (a) Informant Geneva Dickey  
(b) Address Richmond Mo  
17. (a) Burial (b) Date thereof Nov 7-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Richmond Mo  
18. (a) Signature of funeral director L. Truman  
(b) Address Richmond Mo  
19. (a) 11-5-45 (b) Genevieve Thomas  
(Date received local registrar) (Registrar's signature)

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? No (Specify type of place) \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
23. Signature John J. Lockie (M. D. or other) \_\_\_\_\_  
Address Mary Date signed 11-5-45

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

MOTHER FATHER

JAN 21 1946

JAN 14 1946

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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: *E. Harrison*.....

Licensed Embalmer No. *2073*.....

P. O. Address: *Richmond, Va.*.....

**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.**