

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 342 Primary Registration District No. 6153 State File No. 8230 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bell City R. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stoddard
(c) City or town Bell City R. 1/103
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jennie Dickson
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb 27 day year 1946 hour 10 AM minute _____ M.
21. I hereby certify that I attended the deceased from Jan 11 1946 to Jan 11 1946
that I last saw her alive on Jan 11 1946 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race E 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

Immediate cause of death Breucility
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
80 2 28 hr. min.

9. Birthplace Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife

11. Industry or business _____
12. Name Jake Moore
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Fannie Moore
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
1628

16. (a) Informant Dan Baker
(b) Address Bell City R. 1
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

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 place) (e) Means of injury 0

18. (a) Signature of funeral director Fred J. Smith
(b) Address 1212 Main St. Dixon, Mo.
19. 3-8-46 M. R. Thruener
(Data received local registrar) (Registrar's signature)

23. Signature Thomas C. McClure (M. D. or other) Address Dikeaton, Mo. Date signed 2-1-46

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

RECEIVED

District Health Office No. 2,

District File Number 346-394

Date Filed 5/13/46

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address 1212 Maul St. Sikeston, 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.