

FILED MAY 17 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 14

Primary Registration District No. 4029

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Minden Mines, Mo.
(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 55 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary Mellisa Dickenson

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

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

6. (b) Name of husband or wife Samuel Edward Dickenson 6. (c) Age of husband or wife if xxx years

7. Birth date of deceased February 14, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 11 hr. min.

9. Birthplace Washington Courthouse, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name William Bryson

13. Birthplace XXXXX Pann.
(City, town, or county) (State or foreign country)

14. Maiden name Lavina Tuttle

15. Birthplace XXXXX Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.T. Seal

(b) Address Pittsburg, Kansas

17. (a) Burial (b) Date thereof 4-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Ceme.

18. (a) Signature of funeral director Gibson Funeral Home

(b) Address Lamar, Mo.

19. (a) April 26 46 (b) Dr. Lane Leber
(Who received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6
(c) City or town Minden Mines 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1946 hour 4 minute R M.

21. I hereby certify that I attended the deceased from 4/15
1946, to 4/25, 1946
that I last saw her alive on 4/25-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage
Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy no g'n

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 Geo. P. Rich (M. D. or other) _____
Address Franklin, Mo. Date signed 4/27/46

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

MOTHER FATHER

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.C. Gibson

Licensed Embalmer No. **4137**

P. O. Address **Lamar, Missouri**

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.

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

State File No.

June

Registration District No.

14

Primary Registration District No.

4029

Registrar's No.

14

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Miner Mines
 (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
years, months or days)3. (a) PRINT
FULL NAMEMary M. Dickerson3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex F 5. Color or
race W 6. (a) Single, widowed, married,
divorced widowed6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive7. Birth date of deceased Feb 14
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 hr. min.9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name
13. Birthplace (City, town, or county) (State or foreign country)14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)16. (a) Informant
(b) Address
17. (a) (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address19. (a) (b) Antonia Schuster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June
year 1946 hour minute M.21. I hereby certify that I attended the deceased from
to
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

23. Signature (M. D. or other)

Address Date signed

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

MOTHER FATHER

10
2-25

15666b