

S. No. 2
1-8-43
5-17-39
P 1 X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 86353

FILED DEC 9 1946
Registration District No. 67

Primary Registration District No. 4107

Registrar's No. 50

1. PLACE OF DEATH:
 (a) County Cedar
 (b) City or town Eldorado Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Convalescent Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
(Specify whether
 In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cedar 20
 (c) City or town Eldorado Springs, Mo. 1
(If outside city or town limits, write "RURAL")
 (d) Street No. XXXX 0
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country XXXXXX

3. (a) PRINT FULL NAME CHARLES EDWARD DICKINSON
 3. (b) If veteran, name war XXXXX
 3. (c) Social Security No. XXXX

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced W 2
 6. (b) Name of husband or wife Allie Dickinson
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased July 11, 1856
(Month) (Day) (Year)

8. AGE:
 Years 90 Months 3 Days 16
 If less than one day X hr. X min.

9. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXXXX

12. Name Charles Edward Dickinson

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

14. Maiden name Caroline Niederel

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

16. (a) Informant Mrs. H. L. Spencer

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 10-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Union Star, Mo.

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 10/14/46 (b) J. C. Brannon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27
 year 1946 hour 1 minute P. M.
 21. I hereby certify that I attended the deceased from Oct. 1, 1946 to Oct. 27, 1946
 that I last saw him alive on Oct. 24, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration
 Duration 8 months

Due to _____
 Due to _____

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

Major findings: Of operations A2B

Of autopsy _____

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

22. If death was due to external causes, fill in the following:

(c) 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)
 (c) Means of injury 28

23. Signature J. C. Brannon (M. D. or other) 28

Address Stockton, Mo. Date signed 10-27-46

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

35173

97-5-21
5508-97-11
ON JUNE 11, 1958
DECEASED

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 Melvin Quercu

Licensed Embalmer No. 3272

P. O. Address Stockton

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.