No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 11550

Registrar's No. 497

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 hours (Specify whether years, months or days)
In this community: 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Rural, St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 5, Mansfield Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Susan Dickens
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: Widow
6. (b) Name of husband or wife: Joshua Dickens
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. 14, 1867 (Month) (Day) (Year)
8. AGE: Years 81 Months 2 Days 12 If less than one day hr. min.
9. Birthplace: Butler County, Penn. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: John McCall
13. Birthplace: Unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name: Samantha Wriggle
15. Birthplace: Unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Mrs. Raymond Price
(b) Address: Route 5, St. Joseph, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lebanon, Mo.
18. (a) Signature of funeral director: CLARK FUNERAL HOME Eva Clark
(b) Address: 120 Illinois Ave. St. Joseph, Mo.
19. (a) May 3, 1948 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1948 hour 9 minute 50 p.m.

21. I hereby certify that I attended the deceased from April 8, 1948 to April 26, 1948 that I last saw her alive on April 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease	5 yrs.
Due to: Hypertension	10 yrs.
Due to: Arteriosclerosis, General	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause of 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: A. Ven Lderman (M. D. or other) MD
Address: 1302 Faraon St. Date signed: 4-27-48.
St. Joseph, Mo.

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.