

FILED AUG 9 1948

Registration District No. 390

Primary Registration District No. 6225

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Vermon
(b) City or town West
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 months 4 days
In this community 3 years 11 months 27 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kennett City
(If outside city or town limit, write "RURAL")
(d) Street No. 1372 Pearson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3. (a) PRINT FULL NAME ANDREW JOHN DICK

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan 27 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Christian Dick

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

14. Maiden name Elizabeth Fisher

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

16. (a) Informant Ward records
(b) Address Nevada Mo.

17. (a) Removal Removal (b) Date thereof Aug 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixton Missouri

18. (a) Signature of funeral director Allen Stange
(b) Address Nevada Mo.
19. (a) 8-4-48 (b) Rathyn Hanay
(Date received local registrar) (Registrar's signature) 2317

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1948 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6-10-1947 to 8-3-1948, 1948
that I last saw him alive on 8-3-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Heart Disease

Due to Atherosclerosis

Due to ✓

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

Major findings: ✓
Of operations: NO
Of autopsy: ✓

Duration
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature W. R. Hall (M.D. or other)
Address Nevada Mo Date signed 8-4-48

RECEIVED

District Health Officer N

District File Number 4-40

Date Filed 8-7-48

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 Allen T. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, N

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, above space should be left blank.