No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43724

Registration District No. JAN 25 1941 775

Primary Registration District No. 6020-a

Registrar's No. 80

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

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre 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 years, months or days)
In this community 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Bonne Terre
(If outside city or town limits write "RURAL")
(d) Street No. N. Jackson 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME STEPHEN WM. DICKENS

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 Married

6. (b) Name of husband or wife Minnie Belle Dickens

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug (Month) 4 (Day) 1867 (Year)

8. AGE: Years 73 | Months 4 | Days 8 | If less than one day ... hr. ... min.

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

10. Usual occupation Retired

11. Industry or business 0

FATHER
12. Name Solomon Dickens
13. Birthplace ... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dickens
15. Birthplace ... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Robert Murphy
(b) Address Bonne Terre Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St Francois Memorial Park

18. (a) Signature of funeral director Benham Und Co
(b) Address 312 Benham Bonne Terre Mo

19. (a) Dec 14 1940 (Date received local registrar) (b) H. W. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 17 1938 to Dec. 10 1940
that I last saw him alive on Dec. 10 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-vascular-renal disease.	4 years.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

PHYSICIAN

Major findings:
Of operations
Of autopsy

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 Marvin T. Haw M. D. (M. D. or other)
Address Bonne Terre, Mo Date signed 10-13-40

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1948

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bound Bare Ma

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.