

S. No. 2  
M-5-43  
y. 5-17-39  
p. 1 X36671

FILED DEC 15 1947  
Registration District No. **2376**

Primary Registration District No. **6137**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County Shannon

(b) City or town Winona, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether in this community years, months or days)  
9 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Shannon / 0 /

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

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

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

**3. (a) PRINT FULL NAME** Dora Elizabeth Dickerson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Dickerson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 6th,  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>45</u>			hr. _____ min.

9. Birthplace Shannon County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Bob McAdams

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

14. Maiden name Eliza Norton  
(City, town, or county) (State or foreign country)

15. Birthplace Shannon Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John Dickerson

(b) Address Winona, Mo

17. (a) Burial (b) Date thereof NOV. 5, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Chappel

18. (a) Signature of funeral director Frank Hyde

(b) Address Mountain view, Mo

19. (a) 11-25-47 (b) Michael Roel  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 2nd  
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations HOB

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:

(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) (e) Means of injury

23. Signature Frank Hyde (M. D. or other) MD

Address Winona Mo Date signed 11-2-47

RECEIVED

D.

District

Date Filed

124 7702 No 5  
12-13-47

NOV 21 1958

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 Joe L. Duncan  
Licensed Embalmer No. 4325  
P. O. Address W. View 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, fact should be so stated above.