N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2131
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 112
(c) City ST JOSEPH — (d) Street No. ST JOSEPH HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. / mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS BESSIE JOSEPHINE DICK 209
(a) Residence, No. FARM NEAR FILLMORE MO St.
(Usual place of abode, if no street address, write county or city)
Fillmore Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF EMIL DICK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 19 - 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	~~57~~ 57	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN PENN

FATHER
13. NAME RICHARD FAILY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN

17. INFORMANT (ADDRESS) EMIL DICK FILLMORE MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE FILLMORE DATE 1-28- 1938

19. FUNERAL DIRECTOR (ADDRESS) J. FRED TERHUNE SAVANNAH MO

20. FILED 1-28 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1- 1938, to 1-27- 1938
I last saw h~~e~~r alive on 1-27- 1938. Death is said to have occurred on the date stated above, at 9:05 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis before	1-1-38
Cholelithiasis "	"
Cholangitis with Obstruction "	"
Intestinal Obstruction "	"
Pulmonary edema	1-10-38

Other contributory causes of importance:

Name of operation Cholangiotomy Date of 1-3-38
What test confirmed diagnosis? Operating Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

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24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Paul Jongar, M. D.
(Address) St Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me,

L. E.

No. ..... or by ....., Registered Apprentice No. ~~1279~~

working under my personal supervision.

Signed J. Terhune

Licensed Embalmer No. 1279

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)